



**CAPITAL TITLE  
INSURANCE AGENCY**

**TITLE INSURANCE ORDER FORM**

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Type of Transaction:**

- |  |                                       |                                 |  |                                     |
|--|---------------------------------------|---------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Cash          | <input type="checkbox"/> Conventional | <input type="checkbox"/> FSBO   | <input type="checkbox"/> Title Search Only | <input type="checkbox"/> Refinance  |
| <input type="checkbox"/> Land Contract | <input type="checkbox"/> Commercial   | <input type="checkbox"/> FHA/VA | <input type="checkbox"/> New Construction  | <input type="checkbox"/> Relocation |

**Sales Price:** \_\_\_\_\_ **Loan Amount:** \_\_\_\_\_

**Seller Information:**

Seller #1 Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Seller #2 Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Buyer Information:**

Buyer #1 Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Buyer #2 Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Information:**

Property Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Municipality Type:  City  Township  Village Tax ID: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Liber/Page: \_\_\_\_\_

Condominium: \_\_\_\_\_ Unit: \_\_\_\_\_ Building: \_\_\_\_\_

**Legal Description:**

**Prior Title Work:**  No  Yes (please submit your prior title work with your order for credit)

*Thank you for your business!*