

METRO SETTLEMENTS, INC.

11900 Parklawn Drive, Suite 320

Rockville, MD 20852

Tel # 301-984-0900

Fax # 301-984-8370

TITLE ORDER FORM

PURCHASE _____ 1ST TRUST _____ OWNER OCCUPIED _____
REFINANCE _____ 2ND TRUST _____ INVESTMENT PROPERTY _____

From: _____ Phone: _____
(Bank/ Mortgage Company/Agent) Fax: _____

Selling Agent: _____
Company: _____ Phone/Fax: _____
Listing Agent: _____
Company: _____ Phone/Fax: _____

Borrower _____ Social Security Number _____ Phone _____

Borrower Address: _____

Current Owners/ Sellers: _____
Property Address: _____
City/ State/ Zip: _____ Phone: _____
Legal Description: _____ County: _____
Sales Price: _____

Existing Liens: _____
Lender 1: _____ Lender 2: _____
Account Number: _____ Account Number: _____
Phone: _____ Phone: _____

Broker: _____
Name: _____ Phone/Fax: _____
Address: _____
Loan Officer: _____ Processor: _____
Loan Amount/ Type: _____

Lender/ Underwriter: _____
Name: _____ Phone/Fax: _____
HOA/Condo: _____ Phone: _____

Survey needed? Yes ___ No ___ Proposed Settlement Date: _____
Closer: English ___ Spanish ___

PLEASE ATTACH LOAN APPLICATION AND/ OR SALES
CONTRACT