

	<p align="center">Title Insurance Order Form</p> <p align="center">Via Fax 954 747-5290 Via e-mail mail@closingexpress.net</p>	<p align="center">4558 North University Drive Lauderhill, FL 33351</p> <p align="center">Phone 954 747-5280 Toll Free 888 747-5280 Fax 954 747-5290</p>
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Date: _____ From: _____

Tel: _____ Fax: _____ E-Mail: _____

Buyer / Borrower: _____

Tel 1: _____ Tel 2: _____ Tel 3: _____ E-Mail: _____

Seller/Owner: _____

Tel 1: _____ Tel 2: _____ Tel 3: _____ E-Mail: _____

Property Address: _____

Buyers Realtor®: _____ Agency: _____

Tel 1: _____ Tel 2: _____ Tel 3: _____ E-Mail: _____

Sellers Realtor®: _____ Agency: _____

Tel 1: _____ Tel 2: _____ Tel 3: _____ E-Mail: _____

New Lender: _____ Contact Person: _____

Tel 1: _____ Tel 2: _____ Fax: _____ E-Mail: _____

Closing Date: _____ Loan Amount: _____

Payoff Lender 1: _____ Loan # _____ Tel: _____

Payoff Lender 2: _____ Loan # _____ Tel: _____

Association Name: _____ Contact: _____ Tel: _____

Included Contract: Yes ___ No ___ Prior Title Policy: Yes ___ No ___ Copy of Deed: Yes ___ No ___

Documents 1003: Yes ___ No ___ Payoff Stmtnt: Yes ___ No ___ Hazard /Flood Dec Page: Yes ___ No ___

Comments / Special Instructions: _____

NOTE: It is not necessary to complete entire form. Please feel free to provide copies of documentation containing the necessary information, such as the Contract, 1003, or your own Title Order Form. Please provide contact information for at least one relevant party that can provide required information.