

STAR TITLE PARTNERS OF PALM HARBOR
35095 U.S. Highway 19 N., Suite 102, Palm Harbor, FL 34684
Phone: 727-216-8185 Fax: 727-216-8195

TITLE ORDER FORM

FILE #		CLOSING DATE:	
PROPERTY ADDRESS:			
CITY:	ZIP:	SALES PRICE: \$	
IS SELLER A U.S. CITIZEN?			
MARITAL STATUS:			
SELLER:		SS#	
		SS#	
ADDRESS:			
PHONE:		ALT. PHONE:	
SELLER'S AGENT:			
AGENT:		FAX:	
AGENT:		PHONE:	
ADDRESS:			
COMMISSION %:	TRAN. FEE:	MLS FEE:	
AGENT EMAIL:			
MORTGAGE INFORMATION:			
PAYOFF:		PHONE:	
ADDRESS:		FAX:	
LOAN #	AMOUNT#	AS OF:	
HOMEOWNERS ASSOCIATION:			YES NO
ASSOCIATION NAME:		PHONE:	
CONTACT PERSON:		Fax:	
MARITAL STATUS:			
BUYER:		SS#	
		SS#	
CURRENT ADDRESS:			
PHONE:		ALT. PHONE:	
BUYER'S AGENT:			
AGENT:		PHONE:	
AGENT:		Fax:	
ADDRESS:			
AGENT EMAIL:			
COMMISSION %:	TRANS. FEE:	MLS FEE:	
EARNEST MONEY \$		WHO IS HOLDING?	
LENDER:			
ADDRESS:		PHONE:	
		FAX:	
CONTACT:		EMAIL:	
WILL THIS BE A MAIL AWAY?	YES	NO	BUYER
<i>If yes, check either buyer or seller</i>			SELLER
HOME WARRANTY:			YES NO
WHO IS PAYING:	BUYER:	SELLER:	
TITLE COMPANY TO ORDER: (If Title Company is not ordering, indicate who has)			
TERMITE:	YES	NO	DATE ORDERED:
WHO ORDERED:			
SURVEY:	YES	NO	ELEV. CERT.: YES NO
DATE ORDERED:		WHO ORDERED:	
QUESTIONS???			
1. Is Seller/Owner of record Deceased?	Yes	/	No
2. Is Seller Divorced/Getting Divorced?	Yes	/	No
3. Is Property Mobile Home?	Yes	/	No