

CENTURY★TITLE

(952) 920-1001

TITLE APPLICATION AND CLOSING INFORMATION SHEET

Please complete and forward with a copy of the purchase agreement, (if applicable).

Purchase **Refinance** Century Title File Number: _____

Application Date: _____ Closing Date: _____ Loan Number: _____

Mortgage Amount: _____ Sales Price: _____

BROKER/LENDER/APPLICANT

Company: _____ Phone: _____ Fax: _____

Loan Officer: _____ Processor: _____

Lender/Investor (If Applicable)

Company: _____ Phone: _____ Fax: _____

IF REFINANCE - PAYOFF INFORMATION Close to obtain Lender/Broker to Provide

Lender #1: _____ Loan #: _____

Payoff Subordinate

Lender #2: _____ Loan#: _____

Payoff Subordinate

BORROWER INFORMATION

Borrower #1 _____ Married Single Social Security Number _____

Borrower #2 _____ Married Single Social Security Number _____

Address : _____

Telephone No. (Home) _____ (Work #1) _____ (Work #2) _____

SELLER INFORMATION (not applicable, if refinancing)

Seller #1 _____ Married Single Social Security Number _____

Seller #2 _____ Married Single Social Security Number _____

Address _____

Telephone No. (Home) _____ (Work #1) _____ (Work #2) _____

PROPERTY INFORMATION

Property Address: _____

City: _____ State: _____ Zip: _____

County: _____ PID Number: _____

Legal Description:

For immediate action, please FAX this order to (952) 920-1617.

If a facsimile is received by Century Title, Inc. you will receive a confirmation.