Family Abstract, Inc., 1424 Easton Road, Suite 100, Horsham, PA 19044
(Phone) 215-293-0212 (Fax) 215-293-0215

APPLICATION FOR TITLE INSURANCE FROM:

Order Date _____ **Approx. Settle Date** _____

Contact Name _____ **Loan Amount** _____

Phone _____ **Fax** _____

Location of Settlement _____ **Lender** _____

PROPERTY ADDRESS: _____

TOWNSHIP/BORO/CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____ **CHECK ONE: ____ Primary Residence ____ Second Home/Investment**

Circle one: REFINANCE SECOND MORTGAGE PURCHASE (provide front page of agreement of sale)

BUYER/BORROWER NAME: _____ **SS #:** _____

CURRENT ADDRESS: _____

PHONE: _____ **DOB:** _____

CO-BUYER/BORROWER: _____ **SS #:** _____

PHONE: _____ **DOB:** _____

AGENCY FOR BUYER: _____ **PHONE:** _____

AGENT FOR BUYER: _____ **FAX:** _____

ATTORNEY FOR BUYER: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

SELLER NAME: _____ **SS #:** _____

PHONE: _____ **DOB:** _____

CO-SELLER: _____ **SS #:** _____

PHONE: _____ **DOB:** _____

AGENCY FOR SELLER: _____ **PHONE:** _____

AGENT FOR SELLER: _____ **FAX:** _____

ATTORNEY FOR SELLER: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

EXISTING MORTGAGE INFORMATION

Are taxes escrowed through mortgage [ ] Yes [ ] No

1st Mortgage _____ **[ ] Remain [ ] Payoff [ ] Subordinate [ ] Credit Line**

Account # _____ **Phone #** _____

2nd Mortgage _____ **[ ] Remain [ ] Payoff [ ] Subordinate [ ] Credit Line**

Account # _____ **Phone #** _____

PLEASE CHECK THE ITEMS THAT YOU WOULD LIKE FAMILY ABSTRACT, INC. TO ORDER ON BEHALF OF BUYER OR SELLER

[ ] Mortgage Payoff [ ] Closing Protection Letter [ ] Judgments [ ] Taxes [ ] Water [ ] Sewer

AUTHORIZATION MUST ACCOMPANY THE APPLICATION FOR PAYOFF INFORMATION TO BE OBTAINED.

FAX TITLE COMMITMENT TO:

____ **AGENT FOR BUYER**

____ **ATTORNEY FOR BUYER**

____ **AGENT FOR SELLER**

____ **ATTORNEY FOR SELLER**

ADDITIONAL COMMENTS: _____