

Fax:

Phone:

## **INDIANA TITLE NETWORK COMPANY**

Superior Service with a Personal Touch

325 N. Main St., Crown Point, IN 46307

Phone: (219)662 8200 Toll Free: (800) 964-0592

Fax: (219)662-6866

Web: www.indianatitlenetwork.com

Email for orders: order@indianatitlenetwork.com

## TITLE ORDER FORM

Date:		County:		
File No				
Purchase	Refinance	Cash Deal	Ot	her
Seller (Owner) Full N	ame(s):			
Buyer's Full Name:				
Property Address:				
Key No.				
Short Legal Description	on:			
Sales Price:		Loan Amount:		
Lender:		Attn:		
Address:				
Phone No Fax No		Email:		
Listing Agent:		Selling Agent:		
License No:	License No:			
Company:		Company:		
Phone No.		License No:		
Commission:		Commission:		
Admin Fee:		Admin Fee: _		
Earnest Money:		_ Brought to C	Closing	Held from Comm
<b>Seller Paid Closing Cost</b>				
HOA: Is the property located in a HOA?		Yearly Dues:		First Rights of Refusal Required
<b>HOA Name:</b>	Phone #:	Fax #	<b>!:</b>	E-Mail:
Home Warranty:	Paid by:	Fee:	Company:	
Survey:	Paid By:	Fee:	Company:	
Ordered by: Email:				