

INFORMATION FORM FOR PURCHASER:

Client Name:
File Number:

TITLE INFORMATION:

Title to the property will be taken in the following name(s):

Will title be held Joint Tenants with Rights of Survivorship? ____ Yes ____ No
Please refer to our memo on manner in which title may be held.

What mailing address would you like on the Deed (the tax bills, etc. will go to this address):

I/We will: _____ personally attend the closing;
_____ not be present for closing and desire to close transaction by Limited
Power of Attorney (additional fee of \$125.00), (If Title is held in the
name of a Trust, we will not be able to close by Power of Attorney); or
_____ not be present for closing and desire to close by mail.

My/Our current contact information is as follows:

Mailing Address: _____

Physical Address (for overnight deliveries):

Home Phone: _____

Cell Phone: _____

Fax Number: _____

Email Address: _____

Would you like an Owner's Title Insurance Policy (Please see attached memo on Owner's Title Insurance options)?

_____ Yes, I would like the Homeowner's Policy
_____ Yes, I would like the Standard Owner's Policy
_____ No, I decline Owner's Title Insurance

What date do you anticipate closing? _____

Would you like our office to order a Termite Inspection "CL-100" for you? ____ Yes ____ No