



Title Order

Date: _____ Contact: _____

Ordered By (Company): _____

Phone: _____ Fax: _____

Borrower(s): _____

Social Security Number(s): _____

Phone: _____ Date of Birth: _____

Listing Agency: _____ Agent's Name: _____

Phone: _____ Fax: _____

Seller(s): _____

Social Security Number(s): _____

Subject Property: _____

County: _____ Deed Bk & Pg: _____

Township/Borough: _____

Lender: _____

Address: _____

Contact: _____ Phone: _____

Loan Amount: \$ _____ Lender Fax: _____

Type: Refi Purchase* Search and Close-Only Escrows: Yes No

**If purchase, sales agreement must be attached.*

Check if there is NOT a Right to Cancel

Purchase Price: \$ _____ Fixed Rate ARM PUD Balloon

Payoff Information: Lender: _____

Account Number: _____ Phone: _____

Tentative Closing Date: _____ Place: _____

Please send the authorization to release information with a list of items to be paid off with account numbers and phone numbers or send the application with items circled.

PHONE: 570-823-3337 FAX: 570-824-6831
Or E-mail this form to title@unitedone.com