

SEAVIEW TITLE COMPANY, LLC
OFFICE: 239.449.4466
FAX: 239.449.4470

ORDER FORM
MISSION SQUARE
575 Pine Ridge Road, Suite 10
Naples, FL 34109

LAW OFFICE OF JOHN P. WHITE, P.A.
OFFICE: 239.649.7777
FAX: 239.449.4470

ORDER SENT: _____ ESTIMATED CLOSE DATE: _____
TYPE OF SALE: REFINANCE PURCHASE CONSTRUCTION SHORT SALE FORECLOSURE
SHOULD TITLE BE ORDERED NOW? YES NO IF NO WHEN? _____

PROPERTY ADDRESS / BRIEF LEGAL: _____

ADDITIONAL INFORMATION: _____

*****FINANCING*****
LOAN AMOUNT: \$ _____ SALES AMOUNT: \$ _____

LENDER: _____ CONTACT: _____

PHONE: _____ FAX: _____

MORTGAGEE CLAUSE: _____

BROKER: _____ CONTACT: _____

PHONE: _____ FAX: _____

*****BUYER*****

BUYER: _____ SSN: _____ PHONE: _____

ADDRESS: _____

CO-BUYER: _____ SSN: _____ PHONE: _____

ADDRESS: _____

STATUS: M S WORK: _____ CELL: _____

MAIL-AWAY: YES NO

NOTES: _____

*****SELLER*****

SELLER: _____ SSN: _____ PHONE: _____

ADDRESS: _____

CO-SELLER: _____ SSN: _____ PHONE: _____

ADDRESS: _____

STATUS: M S WORK: _____ CELL: _____

MAIL-AWAY: YES NO

NOTES: _____

*****AGENTS*****

SELLING AGENT: _____ PHONE: _____ CELL: _____

COMPANY: _____ FAX: _____

COMMISSION: _____ SPLIT _____ / _____ ESCROW DEP.: \$ _____ HELD BY: _____

LISTING AGENT: _____ PHONE: _____ CELL: _____

COMPANY: _____ FAX: _____

*****MISCELANEOUS*****

PAYOFF: _____ PHONE: _____ FAX: _____

LOAN #: _____ ORDERED: _____

PAYOFF: _____ PHONE: _____ FAX: _____

LOAN #: _____ ORDERED: _____

H.O.A.: _____ ORDERED: _____ PHONE: _____ FAX: _____

TERMITE: _____ ORDERED: _____ PHONE: _____ FAX: _____

SURVEY: _____ ORDERED: _____ PHONE: _____ FAX: _____

HAZARD: _____ ORDERED: _____ PHONE: _____ FAX: _____

Please include a copy of Survey, Prior Policy, Warranty Deed, and if it is a sale a copy of the contract.

THANK YOU FOR YOUR ORDER! PLEASE FAX ORDER FORM TO 239.449.4470!