

# CLINCH RIVER TITLE

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## Title Order Form

Date:

Projected Closing Date:

Address Of Property:

County:

Ordered By:

Phone:

Fax:

Buyer(s)/Borrower(s):

Marital Status:

Address:

Phone:

Cell:

Work:

Realtor/Company:

Realtor Phone:

Cell:

Seller(s):

Marital Status:

Address:

Phone:

Cell:

Work:

Realtor/Company:

Realtor/Company Phone:

Cell:

Lender:

Address:

Phone:

Cell:

Fax:

Loan Amount:

Pay-Offs: Yes or No (Please Circle One)

If Yes, To What Lender/Mortgage Company?

Mortgage Broker:

Address:

Phone:

Cell:

Fax:

Title Insurance: Yes or No (Please Circle One)

## TITLE ORDER FORM

Fax Order Form to: 1-865-457-3162

Please send Borrower Signed Authorization with Order