THE GREAT AMERICAN TITLE AGENCY, INC.

TITLE REPORT ORDER FORM

Revised 4/5/17

				Reviseu 4/5/1/
APPLICANT INFORMATION				
Applicant Name:				
Firm:				
Address:				
City: State:			ZIP Code:	
Phone: Fax:			Email:	
☐ Buyer's Attorney ☐ Lender's Attorney ☐ Seller's Attorney ☐ Buyer ☐ Lender ☐ Broker ☐ Other				
Preferred Method of Delivery: ☐ Mail (Hard Copy) ☐ Fax ☐ E-mail ☐ Overnight				
Date: / / Great American Sales Executive:				
TRANSACTION & PREMISES INFORMATION				
Owner(s):				
Purchaser(s):				
□ Purchase □ Refinance Purchase Price:			Mortgage Amount:	
Address:				
City:	State:		Zip Code:	
District: Section:		Block:	Lot:	
County:		Type of Propert	pe of Property: Residential Commercial	
☐ 1-2 family ☐ 3 family ☐ Multi-Family ☐ Condo ☐ Co-op ☐ Vacant Land/Other ☐ Commercial Property				
SELLER'S ATTORNEY				
Name: Firm:				
Phone: Fax:			Email:	
Address:				
BUYER'S ATTORNEY				
Name:		Firm:		
Phone:	Fax:		Email:	
Address:			'	
LENDER'S ATTORNEY				
Name: Firm:				
Phone:	Fax:		Email:	
Address:				
LENDER				
Name: Contact Person:				
Phone:	Fax:		Email:	
SURVEY INSTRUCTIONS				
□ Locate □ Order New □ Not Needed □ To Follow □ Endorsement □ Obtain Quote □ Inspect				
MUNICIPALS				
□ CO □ H&B □ Fire □ Street □ ER □ Tax □ Bankruptcy □ Patriot □ Other				
SPECIAL INSTRUCTIONS				

Please E-mail this form to orders@gamericantitle.com or fax to 914-761-1770