

Title Security and Escrow of Central Florida Inc.
1640 Highway A1A, Suite E
Satellite Beach, FL32937
E-Mail: title@cfl.rr.com
321.777.1117-ph 321.777.1167-fx

File Number:EG

Closing Date:

PURCHASE _____

REFINANCE _____

Property Address :
Property County: Brevard

Purchase Price:\$ _____
Escrow Amount: _____
Escrow Held By: _____
Tax Acct # : _____

UNDERWRITER:

L.O.
Fee _____% + _____ = _____
MLS Fee

Commission _____

S.O.
Fee _____% + _____ = _____
MLS Fee

Listing Office:
Realtor:
Phone:
Fax:
Cell Phone: _____
E-mail Address:

Selling Office:
Realtor:
Phone:
Fax:
Cell Phone: _____
E-mail Address:

Seller:
SS#
Address:

Home Phone _____
Work Phone _____
Fax _____ Cell _____
E Mail Address _____

Buyer:
Address:

Home Phone _____
Work Phone _____
Fax _____ Cell _____
E Mail Address _____

MAILAWAY Yes () No ()

MAILAWAY Yes () No ()

Marital Status _____

Marital Status _____

Existing Loans
Lender : _____
Phone : _____
Loan # : _____

New Financing
Mortgage Broker Name _____
Contact _____
Contact e-mail address: _____
Phone _____ Fax _____
Lender's Name _____
Loan Amount _____

Lender: _____
Phone: _____
Loan # _____

Termite: _____
Survey: _____
Homeowners Insurance _____

Prior Title Insurance Policy ()
Patriot Act Search ()
Taxes Paid ()YES or ()NO

Homeowners/Condo Association _____
Contact Name _____
Contact Phone _____
Maintenance/Dues amount _____
Per Month _____ Year _____

Secondary HOA _____