

THE GREAT AMERICAN TITLE AGENCY, INC.

TITLE REPORT ORDER FORM

Revised 3/8/15

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  Overnight			
Date:   /   /   Great American Sales Executive:			
TRANSACTION & PREMISES INFORMATION			
Owner(s):			
Purchaser(s):			
□ Purchase □ Refinance Purc	chase 🗆 Refinance Purchase Price: Mortgage Amount:		Mortgage Amount:
Address:			
City:	State:	1	Zip Code:
District: Sect	ion:	Block:	Lot:
County:		Type 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

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