

**NORMA'S ESCROW OPEN ORDER REQUEST FORM**

**8945 W. Post Road, Las Vegas, Nevada 89148**

**Cell: 702-335-4462 Office: 702-617-6301 FAX: 702-920-8137**

DATE: \_\_\_\_\_  
ATTN: **NORMA HOAG**  
SALES REP: \_\_\_\_\_  
REFINANCE: \_\_\_\_\_ SALE: \_\_\_\_\_  
CLOSE OF ESCROW: \_\_\_\_\_  
E-MAIL: Norma@NevadaStateTitle.com  
WEBSITE: https://nevadaescrowofficer.com  
TITLE OFFICER: \_\_\_\_\_

NEW LENDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
LOAN OFFICER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
PROCESSOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
MORTGAGE BROKER LICENSE #: \_\_\_\_\_  
LICENSE EXPIRATION DATE: \_\_\_\_\_  
REALTOR (BUYER): \_\_\_\_\_ PHONE #: \_\_\_\_\_  
REALTOR (SELLER): \_\_\_\_\_ PHONE #: \_\_\_\_\_

**BORROWER:** \_\_\_\_\_  
BORROWER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**CO-BORROWER:** \_\_\_\_\_  
CO-BORROWER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**SELLER:** \_\_\_\_\_  
SELLER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**CO-SELLER:** \_\_\_\_\_  
CO-SELLER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ESTIMATED NEW LOAN AMOUNT: \_\_\_\_\_

TYPE OF NEW LOAN: (CONVENTIONAL) (FHA) (VA)  
POSITION OF NEW LOAN: 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup> 6<sup>TH</sup>

**PAYOFF INFORMATION**

EXISTING LENDER (1): \_\_\_\_\_  
LOAN NUMBER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EXISTING LENDER (2): \_\_\_\_\_  
LOAN NUMBER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_  
AGENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

HOMEOWNERS ASSOCIATION?: (YES) OR (NO)

HOA NAME: \_\_\_\_\_  
HOA MANAGEMENT COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**PLEASE REMEMBER: WHEN YOU ARE OPENING A "SALE ESCROW", OUR COMPANY WILL REQUIRE AN "AGREEMENT TO PURCHASE REAL ESTATE" OR "SALES CONTRACT" TO BE SIGNED BY ALL PARTIES PRIOR TO THE OPENING OF ESCROW. PLEASE FAX THE AGREEMENT WITH THIS OPEN ORDER REQUEST TO 702-920-8137. THANK YOU FOR HAVING NORMA HOAG RESOLVE YOUR ESCROW & TILE NEEDS. NEVADAESCROWOFFICER.COM**