

TITLE / ESCROW - OPEN ORDER REQUEST FORM

3571 Red Rock Street Ste. C, Las Vegas, Nevada 89103

Office: (702) 628-5686

Cell: 702-335-4462

Fax: (702) 685-7187

DATE: _____
ATTN: NORMA HOAG
SALES REP: _____
REFINANCE: _____ SALE: _____
CLOSE OF ESCROW: _____
E-MAIL: _____
WEBSITE: _____
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: 1ST 2ND 3RD 4TH 5TH 6TH

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. MY FAX NUMBER IS: (702) 685-7187. THANK YOU FOR HAVING NORMA HOAG RESOLVE YOUR ESCROW & TILE NEEDS. NEVADAESCROWOFFICER.COM