



## Title Order

Date: \_\_\_\_\_ Contact: \_\_\_\_\_

Ordered By (Company): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Borrower(s): \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listing Agency: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Seller(s): \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

Subject Property: \_\_\_\_\_

County: \_\_\_\_\_ Deed Bk & Pg: \_\_\_\_\_

Township/Borough: \_\_\_\_\_

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_ Lender Fax: \_\_\_\_\_

Type: Refi Purchase\* Search and Close-Only Escrows: Yes No

*\*If purchase, sales agreement must be attached.*

Check if there is NOT a Right to Cancel

Purchase Price: \$ \_\_\_\_\_ Fixed Rate ARM PUD Balloon

Payoff Information: Lender: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Tentative Closing Date: \_\_\_\_\_ Place: \_\_\_\_\_

Please send the authorization to release information with a list of items to be paid off with account numbers and phone numbers or send the application with items circled.

**PHONE: 570-823-3337 FAX: 570-824-6831**  
**Or E-mail this form to [title@unitedonerresources.com](mailto:title@unitedonerresources.com)**