**tworivers**titlecompany, LLC

**40 NJ – 36, West Long Branch, NJ 07764 • Tel: 732-747-3615 • Fax: 732-747-3616**

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| --- | --- | --- | --- |
| **Today’s Date:** | **Closing Date:** | **Date Required:** | **Sales Rep:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | |
| **Applicant’s Name:** | | | | | | | | | | | | | **Paralegal:** | | | | |
| **Street Address:** | | | | | | **City:** | | | | | | | **State:** | | | | **Zip:** |
| **Office:** | | | **Fax:** | | | | | | **Email:** | | | | | | | | |
| **Preferred Method of Communication:** ⃝ Fax ⃝ Email | | | | | | | | **Back Title:** ⃝ Enclosed ⃝ To Follow ⃝ None | | | | | | | | | |
| **PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | |
| **Street Address:** | | | | | | | **County:** | | | | | | | **Municipality:** | | | |
| **Block:** | **Lot:** | | | | | | **Purchase Price:** | | | | | | | **Loan Amount:** | | | |
| **PARTIES TO TRANSACTION** | | | | | | | | | | | | | | | | | |
| **Borrowers / Purchasers:** | | | | | | | | | | **SSN:**  **1.** | | | | | | **SSN:**  **1.** | |
| **Marital Information:**  ⃝ Single ⃝ Married ⃝ H & W ⃝ Divorced ⃝ Widowed | | | | | | | | | | **Maiden Name:** | | | | | | | |
| **Home Phone:** | | **Office Phone:** | | | | | | **Cell:** | | | | | | **Email:** | | | |
| **Sellers / Record Owners:** | | | | | | | | | | **SSN:**  **1.** | | | | | | **SSN:**  **1.** | |
| **FINANCE INFORMATION** | | | | | | | | | | | | | | | | | |
| **Lender Name:** | | | | | | | | | | | | | | | | | |
| **Street Address:** | | | | | | **City:** | | | | | | | **State:** | | | | **Zip:** |
| **Office:** | | | **Fax:** | | | | | | **Email:** | | | | | | | | |
| **Mortgagee Clause:** | | | | | | | | | | | | | | | | | |
| **SERVICES REQUIRED** | | | | | | | | | | | | | | | | | |
| **Survey:** ⃝ To Follow ⃝ None ⃝ Order  **Preferred Surveyor:** | | | | | **Flood Search:** ⃝ Yes ⃝ No | | | | | | | **NOS:** ⃝ Please file ⃝ I will file | | | | | |
| **Settlement Agent:** ⃝ Two Rivers Title ⃝ I will act as settlement agent | | | | | | | | | | | | |
| **BINDER INSTRUCTIONS** | | | | | | | | | | | | | | | | | |
| **Preferred Method of Receiving:** ⃝ Email only ⃝ Overnight only ⃝ Email & Overnight | | | | | | | | | | | | | | | **No. of Copies:** | | |
| **Send Binders to:** ⃝ Lender ⃝ Seller’s Attorney (please complete info below) | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | **Street Address:** | | | | | | | | | | | | |
| **Phone:** | | | | **Fax:** | | | | | | | **Email:** | | | | | | |
| **HOMEOWNERS INSURANCE** | | | | | | | | | | | | | | | | | |
| **Submit a request for a free Homeowners Insurance quote on the client's behalf to TRNIA (Two Rivers National Insurance Agency:** ⃝ Yes ⃝ No | | | | | | | | | | | | | | | | | |
| **SPECIAL INSTRUCTIONS** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

This form can be sent via fax to 732-747-3616 or via email to [orders@tworiverstitle.com](mailto:orders@tworiverstitle.com)