

COLONIAL TITLE COMPANY,
a title agency

main office:

27500 Harper Avenue, St. Clair Shores, MI 48081
Phone: (586) 774-5950 Fax: (586) 774-7040

34350 Twenty Three Mile Road, New Baltimore, MI 48047
Phone: (586) 725-2823 Fax: (586) 725-2810

Email address: colonialtitleco@aol.com

BROKER DEMAND ORDER FORM - REFINANCE

DATE ORDERED: _____ FILE# _____

REQUESTING:

- | | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> GAP LETTER | <input type="checkbox"/> INSURED CLOSING PROTECTION LETTER
<small>Please fill in address information under lender information column</small> |
| <input type="checkbox"/> WIRE INSTRUCTIONS
Incoming wire fee: \$10.00
Outgoing wire fee: \$20.00 | <input type="checkbox"/> CHAIN OF TITLE (12 OR 24 MONTHS)
Chain of title fee: \$25.00
Document preparation: \$50.00 if applicable |

PROPERTY TYPE (choose one)	New Construction: YES/NO	Intended Primary Use
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> RESIDENTIAL LOT	<input type="checkbox"/> FARM OR RANCH	<input type="checkbox"/> PRIMARY RESIDENCE
<input type="checkbox"/> CONDO OR CO OP <input type="checkbox"/> BUSINESS OPPORTUNITY	<input type="checkbox"/> COMMERCIAL/INDUSTRIAL BLDG	<input type="checkbox"/> INVESTMENT OR RETAIL
<input type="checkbox"/> 2-4 UNITS, RESIDENTIAL <input type="checkbox"/> LOT, LAND, ACREAGE	<input type="checkbox"/> OTHER	<input type="checkbox"/> USE IN A BUSINESS

PROPERTY ADDRESS: _____
LEGAL DESCRIPTION: _____
TAX ID NUMBER: _____

OWNER INFORMATION

NAME (1): _____
NAME (2): _____
MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOW
OWNER MAILING ADDRESS:
(AFTER THE SALE OR IF DIFFERENT THAN PROPERTY ADDRESS)
STREET, CITY, STATE AND ZIP CODE _____
SELLER'S PHONE NUMBER _____
OWNER (1) SOC. SEC. # _____
OWNER (2) SOC. SEC. # _____

MORTGAGE BROKER INFORMATION

MORTGAGE BROKER: _____
LOAN OFFICER: _____
ADDRESS: _____
PHONE# _____ FAX# _____
EMAIL ADDRESS: _____

LENDER INFORMATION

PLEASE COMPLETE FOR INSURED CLOSING PROTECTION LETTER

LENDER: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE# _____ FAX# _____

MORTGAGE AMOUNT: \$ _____

SECONDARY FINANCING: _____
INSURED: Y / N

FINANCING SOURCE (CHOOSE ONE)	FINANCING TYPE (CHOOSE ONE)
<input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> ASSUMPTION	<input type="checkbox"/> V/A
<input type="checkbox"/> BANK <input type="checkbox"/> CASH	<input type="checkbox"/> FHA
<input type="checkbox"/> MORTGAGE COMPANY <input type="checkbox"/> OTHER	<input type="checkbox"/> LAND CONTRACT

IF APPLICABLE:	MORTGAGE PAYOFF ORDERED BY:	TITLE CO.	BROKER	N/A
	EQUITY LINE PAYOFF ORDERED BY:	TITLE CO.	BROKER	N/A (MUST BE CLOSED OUT)

MISC. LOAN CHARGES:

APPRAISAL: \$ _____ TO _____
HOME OWNERS INSURANCE: \$ _____ TO _____
SURVEY, IF APPLICABLE: \$ _____ TO _____
MISC. CHARGES: \$ _____ TO _____

SPECIAL INSTRUCTIONS