

COLONIAL TITLE COMPANY,  
a title agency

main office:

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BROKER DEMAND ORDER FORM/DEAL TURN IN SHEET

DATE ORDERED: \_\_\_\_\_ FILE# \_\_\_\_\_  
\*\*PLEASE INCLUDE COMPLETE PURCHASE AGREEMENT AND ADDENDUMS WITH ORDER\*\*

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

PROPERTY ADDRESS: _____ LEGAL DESCRIPTION: _____	
TAX ID NUMBER: _____	
LISTING AGENT: _____ OFFICE: _____ STATE ID# _____ PHONE# _____ MLS OFFICE# _____ FAX# _____ CELL# _____ EMAIL ADDRESS: _____	SELLING AGENT: _____ OFFICE: _____ STATE ID# _____ PHONE# _____ MLS OFFICE# _____ FAX# _____ CELL# _____ EMAIL ADDRESS: _____

<b>SELLER INFORMATION</b>	<b>PURCHASER INFORMATION</b>
NAME (1): _____ NAME (2): _____	NAME (1): _____ NAME (2): _____
MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOW	MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOW
SELLER MAILING ADDRESS: (AFTER THE SALE OR IF DIFFERENT THAN PROPERTY ADDRESS)	PURCHASER MAILING ADDRESS: (AFTER THE SALE OR IF DIFFERENT THAN PROPERTY ADDRESS)
STREET, CITY, STATE AND ZIP CODE _____	STREET, CITY, STATE AND ZIP CODE _____
SELLER'S PHONE NUMBER _____	PURCHASER'S PHONE NUMBER _____
SELLER (1) SOC. SEC. # _____	PURCHASER (1) SOC. SEC. # _____
SELLER (2) SOC. SEC. # _____	PURCHASER (2) SOC. SEC. # _____
TO CLOSE ON OR BEFORE: _____	

<b>SALES PRICE \$</b> _____	Total Commission \$ _____ or _____ %
COMMISSION SPLIT LISTING SIDE \$ _____ OR _____ %	SELLING SIDE \$ _____ OR _____ %
REFERRAL FEE PAID TO: _____ \$ _____ OR _____ %	
BROKER COMPLIANCE / TRANSACTION FEE CHARGE TO: BUYER / SELLER / BOTH AMOUNT: \$ _____	
HOME WARRANTY POLICY: YES / NO COMPANY NAME: _____ COST: \$ _____	
CHARGE HOME WARRANTY FEE TO: _____	
BUYER'S EARNEST MONEY DEPOSIT: \$ _____	HELD BY: _____
<b>MORTGAGE COMPANY:</b>	<b>LOAN AMOUNT: \$</b> _____
ADDRESS: _____	<b>SECONDARY FINANCING: \$</b> _____
	SECONDARY FINANCING: Y / N (YES = TITLE INSURANCE NEEDED)
	LOAN OFFICER: _____
	PHONE# _____ FAX# _____
<b>FINANCING SOURCE (CHOOSE ONE)</b>	<b>FINANCING TYPE (CHOOSE ONE)</b>
<input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> BANK <input type="checkbox"/> MORTGAGE COMPANY	<input type="checkbox"/> ASSUMPTION <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/> V/A <input type="checkbox"/> FHA <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> DOWN PAYMENT ASSISTANCE PROGRAM _____

<input type="checkbox"/> POLICY FOR CREDIT: YES / NO	PRIOR POLICY AMT: _____	DATE: _____
<b>(MUST HAVE TURN IN POLICY PRIOR TO CLOSING)</b>		
<input type="checkbox"/> CONDO ASSOCIATION OR HOMEOWNER'S ASSOCIATION STATUS LETTER: YES / NO		
DATE ORDERED: _____	MGMT COMPANY NAME: _____	
PHONE# _____		
<input type="checkbox"/> IF APPLICABLE: MORTGAGE PAYOFF ORDERED BY: _____	TITLE CO. BROKERN/A	
EQUITY LINE PAYOFF ORDERED BY: _____	TITLE CO. BROKERN/A (MUST BE CLOSED OUT)	
<input type="checkbox"/> TERMITE INSPECTION: YES / NO AMOUNT: \$ _____	COMPANY NAME: _____	
CHARGE TERMITE FEE TO: _____		
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY: YES / NO	DATE ORDERED: _____	

SPECIAL INSTRUCTIONS