

TITLE ORDER FORM
WISCONSIN-ILLINOIS TITLE, LLC

Return via Fax: 866-877-3130 or email: colleen@keatinglawllc.com

Order Date: _____

Date Needed: _____

Closing Date: _____

Purchase Price: _____

Ordered By: _____

Phone No.: _____

Fax No.: _____

Delivery Method: (If none specified, we will send via email)

Email: _____

Mail

Pick Up

Fax

Company: _____

Email: _____

Transaction Type:

Purchase (with mortgage)

Cash Deal

Refi

Other: _____

Property Type:

Single Family

Condo

Townhome/Coach house

Commercial

Mixed Use

Vacant Land

Other: _____

Order Type:

Owner Policy & Closing Services

Simultaneous Policies & Closing Services

Lender Policy & Closing Services

Other: _____

Buyer/Borrower(s)

Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Seller(s)

Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Property Information

Address: _____

City, State, Zip: _____

PIN: _____

County: _____

Buyer's Attorney

Name: _____

Fax No.: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Seller's Attorney

Name: _____

Fax No.: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Real Estate Agent

Name: _____

Company: _____

Telephone: _____

Email: _____

Cooperating Real Estate Agent

Name: _____

Company: _____

Telephone: _____

Email: _____

