



12300 E 62nd St., Indianapolis, IN 46235

Office (317)690-4183 Orders@cstitleindy.com

Order Form

Date: _____

File Number: _____

Part 1

Parcel Number: _____

Property Address _____

City _____, State _____ Zip _____ County:
_____ Township: _____

Transaction Type (circle all that apply):

Purchase (Cash or Lender) Refinance New Construction REO
Assumption Foreclosure Conventional FHA VA Arm Equity Line

Owner(s)/Seller(s) _____

Address (if not property) _____

City _____, State _____ Zip _____

Buyer(s) (if applicable) _____

Address _____

City _____, State _____ Zip _____

Part 2

Title Examination with title insurance _____

Loan Policy Amount \$ _____ Owners Policy Amount \$ _____

Current Ownership Search (no title insurance) _____

**Please complete all parts except part 3 for refinancing.

***Please complete all parts for a purchase.



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Part 3

Listing Agent: _____ Phone _____

Selling Agent: _____ Phone _____

Part 4

Lender: _____ Contact Person: _____

Phone(s) _____ Fax _____ Email _____

Address: _____

Part 5

Broker: _____ Contact Person: _____

Phone(s) _____ Fax _____ Email _____

Address: _____

Part 6

Payoff Information (please include a borrower(s) signature authorization)

Lender Name: _____ Phone Number: _____

Loan Number: _____ Web Site: _____

Special Instructions: _____

***Please attach copy of purchase agreement, prior title or deed if available.

**Please complete all parts except part 3 for refinancing.

***Please complete all parts for a purchase.