

# METRO SETTLEMENTS, INC.

600 East Jefferson Street. Ste. 410  
Rockville, MD 20852  
Tel # 301-424-1602 Fax # 301-424-1601

## \*TITLE ORDER FORM\*

PURCHASE \_\_\_\_\_ 1<sup>ST</sup> TRUST \_\_\_\_\_ OWNER OCCUPIED \_\_\_\_\_  
REFINANCE \_\_\_\_\_ 2<sup>ND</sup> TRUST \_\_\_\_\_ INVESTMENT PROPERTY \_\_\_\_\_

**From:** \_\_\_\_\_  
(Bank/ Mortgage Company)

**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Selling Agent:** \_\_\_\_\_  
Company: \_\_\_\_\_  
**Listing Agent:** \_\_\_\_\_  
Company: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

<b>Borrower</b>	<b>Social Security Number</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____

Borrower Address: \_\_\_\_\_  
\_\_\_\_\_

Current Owners/ Sellers: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Legal Description: \_\_\_\_\_ County: \_\_\_\_\_  
Sales Price: \_\_\_\_\_

### Existing Liens:

Lender: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Obtain Payoff? \_\_\_\_\_

### Broker:

Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Loan Officer: \_\_\_\_\_ Processor: \_\_\_\_\_

Loan Amount/ Type: \_\_\_\_\_

### Lender/ Underwriter:

Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Closer: \_\_\_\_\_

Survey needed? Yes \_\_\_ No \_\_\_ Proposed Settlement Date: \_\_\_\_\_  
Closer: English \_\_\_ Spanish \_\_\_

**PLEASE ATTACH LOAN APPLICATION AND/ OR SALES  
CONTRACT**