

Benckendorf & Benckendorf, P.C. Title Policy Order Form

Date Submitted: _____ Closing Date: _____
 Submitter: _____ Email Address: _____
 Copies to: _____

Seller Information:

Last	First	M.I.	Social Security No.
Last	First	M.I.	Social Security No.
Current Address			Telephone No.
Forwarding Address			Telephone No.
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried			<input type="checkbox"/> Widow(er) County of death: _____
Attorney	Telephone No.	Fax No.	
Realtor	Listing Company		
Telephone No.	Fax No.	Commission %	Commission Split

Buyer Information:

Last	First	M.I.	Social Security No.
Last	First	M.I.	Social Security No.
Current Address			Telephone No.
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried			<input type="checkbox"/> Widow(er) County of death: _____
Taking Title as: <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants by Entirety <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Individual			
Attorney	Telephone No.	Fax No.	
Realtor	Company		
Telephone No.	Fax No.	Commission %	Commission Split

Property Information:

Address		P.I.N.	
Short Legal Description			
Sales Price		Possession Date	Principal Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Termite Inspector	Insp. Cost	Earnest Money	Holder

Mortgage Information:

Lender		Amount	
Branch Address			
Loan Officer		Telephone No.	Fax No.
Endorsements: <input type="checkbox"/> Location Note <input type="checkbox"/> EPA <input type="checkbox"/> Comprehensive <input type="checkbox"/> Other: _____			
Seller authorizes deed preparation by Benckendorf & Benckendorf, P.C.: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Seller will provide prior: <input type="checkbox"/> Title Policy <input type="checkbox"/> Mortgage Policy <input type="checkbox"/> Abstract			

PLEASE EMAIL TO [JOY McKELVEY](#) or FAX TO 309-266-8759 a copy of the prior policy. If the prior policy was issued through our company, you need only provide the file number of the policy and the date issued.

Additional Comments:

YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR ORDER WITHIN ONE BUSINESS DAY OF SUBMISSION. IF YOU DO NOT RECEIVE CONFIRMATION, PLEASE CONTACT JOY AT 309-266-6121 TO CONFIRM YOUR ORDER.

[CLICK HERE TO SUBMIT YOUR ORDER](#)