



Complete Title Services

of Southeast Michigan, LLC

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Broker Demand

DATE: _____

PROPERTY ADDRESS: _____
NUMBER _____ STREET _____ CITY/TOWN/VILLAGE _____ COUNTY _____
Legal Description: _____

Listing Agent: _____
NAME _____ PHONE _____
COMPANY _____ FAX _____

Seller(s): _____
LAST NAME _____ FIRST _____ MIDDLE _____ MARITAL STATUS _____ SOCIAL SECURITY # _____
LAST NAME _____ FIRST _____ MIDDLE _____ MARITAL STATUS _____ SOCIAL SECURITY # _____

MAILING ADDRESS (if different from the property address) _____ PHONE _____

CURRENT MORTGAGE COMPANY _____ PHONE _____ LOAN # _____

HOME EQUITY LINE OF CREDIT (if applicable) _____ PHONE _____ LOAN # _____

ATTORNEY NAME (if applicable) _____ ATTORNEY PHONE _____ ATTORNEY FAX _____

CO-OP Broker: _____
NAME _____ PHONE _____
COMPANY _____ FAX _____

Buyer(s): _____
LAST NAME _____ FIRST _____ MIDDLE _____ MARITAL STATUS _____ SOCIAL SECURITY # _____
LAST NAME _____ FIRST _____ MIDDLE _____ MARITAL STATUS _____ SOCIAL SECURITY # _____
ADDRESS _____ PHONE _____

ATTORNEY NAME (if applicable) _____ ATTORNEY PHONE _____ ATTORNEY FAX _____

New Mortgage: _____
COMPANY NAME _____ MORTGAGE AMOUNT _____

COMPANY ADDRESS _____ PHONE _____

LOAN OFFICER or CONTACT PERSON _____ FAX _____

Sales Price: _____ Anticipated Closing Date: _____

Commission Total _____ Commission Split: _____

Deposit Amount: _____ Held By: _____

Home Warranty Co: _____ Premium Amount: _____ Paid By: _____

Are there Mandatory Homeowners/Condominium Association Dues: Yes _____ No _____

Association / Management Company _____ Phone Number _____ Contact Name _____

Attachments: Purchase Agreement Mortgage Pay-off Letter(s) Lead Based Paint Disclosure
 Prior Title Insurance Policy Agency Disclosures Other(s)

Additional Instructions: _____

E-mail all documents to: documents@ctitleonline.com
Please make a copy of the broker demand for your personal file