Complete Title Services
of Southeast Michigan, LLC

555 S. Adams Road, Ste. 300 Birmingham, MI 48009
248-647-3600 phone 248-647-3700 fax

CTS File # _____

Title Insurance Order Form

Please choose one:

_____ Refinance: Loan Policy (w/o exceptions) in the amount of $_____

____ Purchase: Loan Policy (w/o exceptions) in the amount of $_____

Owner's Policy in the amount of $_____ (sale price)

Equity: _____ Title Search only **OR**

_____ Equity Policy (w/exceptions) in the amount of $ _____

_____ Please check here if property is **COMMERCIAL**

Real Estate situated in County of: _____

City/Township/Village of: _____

Legal Description: _____

_____

_____

Property address: _____

Tax ID or Sidwell Number: _____

Borrower: _____ (name) _____ (social security number)

Co-Borrower: (if applicable) _____ (name) _____ (social security number)

Owner: (if not same as Borrower) _____ (name) _____ (social security number)

Co-Owner: (if applicable) _____ (name) _____ (social security number)

Mortgage Company/Insured Party: _____

Other Interests/Special Instructions: _____

_____

_____

Ordered By:

Name: _____

Company: _____

Address: _____

_____

Phone: _____

Fax: _____

Fax directly to CTS @ 248-647-3700