

ABLE TITLE AGENCY, LLC

P.O. Box 1507, Hoboken, New Jersey 07030 - Phone 201-610-1110

Company: _____

Ordered by: _____ Date Ordered: _____

Date Required: _____ Closing Date: _____

Telephone #: _____ Fax: _____ email: _____

PROPERTY TO BE EXAMINED

Address: _____

City: _____ State: _____ Zip code: _____

County: _____

Property type (*please circle one*): Co-op/ Single Family/ Other: _____

Borrower

Name: _____ Social Security: _____

Co-Borrower

Name: _____ Social Security: _____

Marital Status (*please circle one*): Married or Single (If married, provide spouse's name) _____

Mortgagee Clause: _____

Seller

Name: _____ Social Security: _____

Buyer / Borrower Attorney

Seller Attorney

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Telephone #: _____

Bank Lender

Bank Lender Attorney

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Telephone #: _____

Loan Amount\$ _____ Purchase Amount \$ _____

Loan Type (*please circle one*): Refinance Purchase Co-op Condo

Please circle:

Taxes / Water / Full Municipals / Bankruptcies / Other _____

Chain of Title: 12 Months or 24 Months

If you need Payoff's: Yes or No

If you need survey: Yes or No

If you need Flood: Yes or No

Please advise if you wish for Able Title Agency to forward a copy of the title binder to the seller's attorney and/or Lender? Y/N and Do you wish for us to file the Notice of Settlement? Y/N

PLEASE FAX ALL TITLE ORDERS TO 201-604-6180