



VAULT TITLE

PRELIMINARY TITLE ORDER

Agent: _____

Date: _____

Brokerage: _____

Phone: _____

Email: _____

Homeowner: _____ Married? Check if yes

Homeowner: _____ Married? Check if yes

If Married? Spouse's Name: _____

LLC? If yes: please provide members names below & and LLC authority docs

Trust? If yes: please provide us with copies of the trust documents.

Last 4 Digits or Full SSN Homeowner 1: _____

Last 4 Digits or Full SSN Homeowner 2: _____

Please call us if you don't feel comfortable providing the full SSN

Phone: _____ Email: _____

Property Address: _____

County: _____



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CURRENT MORTGAGE(S)

Lender #1: _____ Acct #: _____

Lender #2: _____ Acct #: _____

I authorize this form serve as authorization to request a payoff: Check if yes

Have you owned the home for less than 10 years? Check if yes

If yes, please provide a copy of your title insurance policy or signed settlement statement as you may be entitled to a discount.

OTHER

Commissions/Additional Fees: _____

Home Warranty Company: _____

HOA/Condo Assoc? Check if yes Name: _____

Contact Number: _____

Water/Sewer Service: _____

Homeowner Signature: _____ Date: _____