



TITLE ORDER FORM – REFINANCE

(Please complete and email to orders@fitallc.com or fax to 303.265.9009)

Property Address (Street, City, State, Zip and County): _____

Commitment Due Date: _____ Closing Date: _____

Borrower Information

Name 1: _____ SSN 1: _____

Name 2: _____ SSN 2: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Loan Officer Information

Name: _____ Company: _____

Sales Rep: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please Check Desired Commitment Delivery: _____ Webpost _____ Email _____ Fax _____ No Delivery Necessary

Processor 1 Information (Only complete if information is different than LO's information)

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please Check Desired Commitment Delivery: _____ Webpost _____ Email _____ Fax _____ No Delivery Necessary

Processor 2 Information (Only complete if information is different than LO's information)

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please Check Desired Commitment Delivery: _____ Webpost _____ Email _____ Fax _____ No Delivery Necessary

New Loan Information

1st Mortgagee Clause: _____ Amount: _____

2nd Mortgagee Clause: _____ Amount: _____

2nd Mortgage Title Product: _____ Full ATLA Title Policy _____ Junior Mortgage Certificate

Payoff 1

Company: _____ Phone Number: _____

Account Number: _____

Payoff 2

Company: _____ Phone Number: _____

Account Number: _____

Payoff 3

Company: _____ Phone Number: _____

Account Number: _____

Additional Comments

