



# PROPER TITLE®

Email: orders@proptitle.com  
Phone: 847-603-2525  
Fax: 847-603-2526

Corporate Headquarters  
1530 E. Dundee Rd., Suite  
250 Palatine, IL 60074  
www.proptitle.com

## Refinance Order Form

### Order Information

Date: \_\_\_\_\_ Mortgage amount: \_\_\_\_\_

Date of Closing: \_\_\_\_\_

Borrower Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Borrower SSN: \_\_\_ - \_\_\_ - \_\_\_\_\_ SSN: \_\_\_ - \_\_\_ - \_\_\_\_\_

Lender: \_\_\_\_\_

Is this an investment property?      Yes      No

Add chain of title:    (6 month)    (12 month)    (24month) (please specify)

\_\_\_ Single Family (1-4)      \_\_\_ Apartment Building (5+)      \_\_\_ Commercial

### Request From

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Additional Info and Request

Special Instructions: Please send this form with prior policy (if available) to Proper Title.