

**UNITED TITLE AGENCIES I INC.**

**Main Office: 1315 N. Dixie Hwy, Lake Worth, Florida., 33460**

**Boca Branch: 21301 Powerline Road, #106, Boca Raton, Florida 33433**

**561-588-3117 (fax 561-588-2622 or 588-1209) E-Mail utalinc@earthlink.net**

SALES PRICE : \$ \_\_\_\_\_ NEW MORTGAGE AMOUNT: \$ \_\_\_\_\_ (REFI Y OR N) \_\_\_\_\_

CERTIFICATE  O&E  ABSTRACT  SEARCH TITLE POLICY  TOTAL CHARGES: \$ \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

LEGAL: \_\_\_\_\_

FOLIO NUMBER: \_\_\_\_\_

MORTGAGEE (NEW LENDER): \_\_\_\_\_

EXISTING MORTGAGE PAYOFF INFORMATION: (LENDER'S NAME, LOAN #, PH #, & ADDRESS)

BUYER(BORROWER): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY #'S : \_\_\_\_\_

ADD/PH AFTER CLOSING: \_\_\_\_\_

SELLER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADD/PH AFTER CLOSING: \_\_\_\_\_

SOCIAL SECURITY #'S : \_\_\_\_\_

SELLING BROKER: \_\_\_\_\_ SALESMAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LISTING BROKER: \_\_\_\_\_ SALESMAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SALES COMMISSION: % \_\_\_\_\_ \$ \_\_\_\_\_ %/AMOUNT TO LISTING BROKER: \_\_\_\_\_ \$ \_\_\_\_\_

BUYER'S DEPOSIT OF \$ \_\_\_\_\_ IS HELD BY: \_\_\_\_\_

CLOSING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLEASE SUPPLY TENTATIVE DATE IF NOT KNOWN

CLOSING HANDLED BY MAIL AS FOLLOWS:	<input type="checkbox"/> BUYER	<input type="checkbox"/> SELLER	<input type="checkbox"/> BOTH PARTIES
TENANT RENTAL ADJUSTMENTS AT CLOSING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EXISTING MORTGAGE(S) TO BE:	<input type="checkbox"/> PAID OFF	<input type="checkbox"/> ASSUMED?	
EXISTING HAZARD INSURANCE TO BE ASSUMED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS A COPY OF:	<input type="checkbox"/> EXISTING TITLE POLICY	<input type="checkbox"/> DEED	<input type="checkbox"/> TAX BILL <input type="checkbox"/> SURVEY AVAILABLE?

NAME, ADD.,PH #: CONDOMINIUM ASSOC. \_\_\_\_\_

SERVICE CONTRACT CO. NAME, ADD.,PH# : \_\_\_\_\_

NAME, ADD., PH # OF FIRE INS. AGENT: \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_