



REQUEST FOR TITLE

TO	FROM	
Rashfal & Associates, LLC. 130 Ketton Crossing Duluth, GA 30097 Phone: (678) 358-3933 Facsimile: (678) 691-8452 Email: mrashfal@rashfallaw.com	Company:	
	Name of Person Ordering Title:	
	Facsimile:	
	Phone Number:	
	Email:	

CONTACT INFORMATION			
Name of Borrower/Buyer 1:		Name of Seller 1:	
SS# for Borrower/Buyer 1:		SS# for Seller 1:	
Name of Borrower/Buyer 2:		Name of Seller 2:	
SS# for Borrower/Buyer 2:		SS# for Seller 2:	
Borrower/Buyer Phone#:		Seller Phone#:	
Borrower/Buyer Email:		Seller Email:	
Current Address of Buyer:		Address of Seller: (if different from property address)	
Name of Selling Agent:		Name of Listing Agent:	
Selling Agent Phone#:		Listing Agent Phone#:	
Selling Agent Email:		Listing Agent Email:	
Name of Mortgage Broker:			
Mortgage Broker's Company:			
Mortgage Broker Phone#:			
Mortgage Broker Email:			

TRANSACTION INFORMATION			
Property Address:		Sale Price: \$	
Loan Amount:		Earnest Money Deposit: \$	
Loan#:		<i>Commissions</i>	
Estimated Closing Date:		Listing Agent:	
		Selling Agent:	
Transaction Type:	<input type="checkbox"/> Purchase (if purchase, please forward a copy of the purchase agreement to our office at your earliest convenience)		
	<input type="checkbox"/> Refinance		
Property is/will be:	<input type="checkbox"/> Residential		
	<input type="checkbox"/> Commercial		
	<input type="checkbox"/> Land/Lot		
	<input type="checkbox"/> Other: _____		

PAYOFF INFORMATION			
1st Mortgage Loan#:		2nd Mortgage Loan#:	
1st Mortgage Lender Name:		2nd Mortgage Lender Name:	
1st Mortgage Lender Contact Phone#:		2nd Mortgage Lender Contact Phone#:	

SPECIAL INSTRUCTIONS
Please use the space below to list anything else you believe our office should know:

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