



Exton Executive Center
403 West Lincoln Highway, Suite 106
Exton, PA 19341-2559
(610) 363-4935 Fax: (610) 363-4938

TITLE INSURANCE APPLICATION FORM

PROPERTY INFORMATION

ADDRESS: _____ CITY _____ STATE ___ ZIP _____
TOWNSHIP/BOROUGH _____ COUNTY _____
TAX PARCEL NO: _____ SALE PRICE: _____

SELLER INFORMATION (NEED COPY OF SALES AGREEMENT)

NAME(S): _____
ADDRESS: _____ CITY _____ STATE ___ ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

BUYER INFORMATION

NAME(S): _____
ADDRESS: _____ CITY _____ STATE ___ ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

LENDER INFORMATION

INSTITUTION NAME: _____
ADDRESS _____ CITY _____ STATE ___ ZIP _____
PROCESSOR: _____ LOAN AMOUNT _____
PHONE: _____ FAX: _____ EMAIL: _____

PAYOFF INFORMATION

PAYOFF 1: _____ ACCOUNT NO: _____
PAYOFF 2: _____ ACCOUNT NO: _____
SELLING AGENT & PHONE NO: _____
LISTING AGENT & PHONE NO: _____
SETTLEMENT DATE: _____