



**Leaders Title Agency Ltd.**

760 Morrison Road, Suite C, Columbus, OH 43230

Telephone: 614-575-8005 Fax: 614-575-8006

Print this PDF file. Then please fill in this **Title Order Form** as completely as possible and fax it to 614-575-8006.

Note: \* = required information

**Title Information**

\* Expected Closing Date: \_\_\_\_\_ \* Loan Amount: \$ \_\_\_\_\_

This is a  First Mortgage  Second Mortgage

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_ (OH or KY) \* Zip: \_\_\_\_\_

\* County: \_\_\_\_\_ Parcel #: (if available) \_\_\_\_\_

**Borrower Information**

\* Borrower Name: \_\_\_\_\_

Borrower Social Security Number: \_\_\_\_\_

\* Borrower Home Telephone: \_\_\_\_\_

\* Borrower Email: \_\_\_\_\_

Borrower2 Name: \_\_\_\_\_

Borrower2 Social Security Number: \_\_\_\_\_

**Payoff Information**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Bank Name2: \_\_\_\_\_

Account2 #: \_\_\_\_\_

Telephone: \_\_\_\_\_

**New Lender Information**

\* Broker Name: \_\_\_\_\_

\* Broker Contact: \_\_\_\_\_

\* Broker Telephone: \_\_\_\_\_

\* Broker Fax: \_\_\_\_\_

\* Lender Name: \_\_\_\_\_

\* Lender Contact: \_\_\_\_\_

\* Lender Telephone: \_\_\_\_\_

\* Lender Email Address: \_\_\_\_\_

\* Lender Fax: \_\_\_\_\_

Survey Required:  Yes, please order the survey.  No, do not order the survey.

Old Survey:  May be used  May not be used

**Insurance Information**

Name of Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please fax a copy of your insurance information to us at 614-575-8006, if available.

Please fax Back Title and Survey if available and your loan application to 614-575-8006.

**Thank You!**