

Cambridge Land Transfer Corp.

TITLE INSURANCE ORDER FORM

Ordered By : _____

Phone: _____ Fax: _____ Email: _____

Today's Date: _____ Due Date: _____ Closing Date: _____

TYPE OF TRANSACTION

Purchase Refinance Title Insurance Settlement Services Search Only

Seller: _____

Buyer: _____

Property Address: _____

Lender: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

Buyer Realtor: _____

Phone: _____ Fax: _____ Email: _____

Sellers Realtor: _____

Phone: _____ Fax: _____ Email: _____

Purchase Price: _____ Mortgage Amount: _____

Cambridge to order survey. Please provide the name of the surveyor if you have a preference:

Cambridge to file Notice of Settlement: Yes No

IF SETTLEMENT SERVICES ARE REQUIRED, PLEASE PROVIDE A LEGIBLE COPY OF THE CONTRACT OF SALE AT THIS TIME

Seller's Attorney: _____

Special Requests: _____
