

**Title Solutions Group of Florida, LLC**  
1710 N 19<sup>th</sup> St; Suite 103 - Tampa, Florida 33605  
Phone: 813-435-9999 – Fax: 813-200-8737 – Processor@TSGofFL.com

We're COVID-19 ready!

Product Needed:       Title Commitment       Ownership & Encumbrance Report

Order Date: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Company Ordered By: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Transaction:     Refinance                       Purchase  
                                  Second Mortgage             Construction/Permanent  
                                  Reverse Mortgage            Other: \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Lender: \_\_\_\_\_

Mortgagee Clause: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel ID/Folio: \_\_\_\_\_ County: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Estimated Closing Date: \_\_\_\_\_ Contract Date: \_\_\_\_\_

Is Property a Condominium?     Yes  No    Is Property in a Homeowners Association?     Yes  No

If Yes, Please provide contact information: \_\_\_\_\_

Borrower/Buyer #1: \_\_\_\_\_ SSN: \_\_\_\_\_

Borrower/Buyer #2: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt. Contact #: \_\_\_\_\_

Seller #1: \_\_\_\_\_ SSN: \_\_\_\_\_

Seller #2: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Contact #: \_\_\_\_\_

Listing Agent/Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Commission: \_\_\_\_\_ MLS Fee: \$ \_\_\_\_\_ Transaction Fee: \$ \_\_\_\_\_

Selling Agent/Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Commission: \_\_\_\_\_ MLS Fee: \$ \_\_\_\_\_ Transaction Fee: \$ \_\_\_\_\_

Current 1<sup>st</sup> Mortgage Servicer: \_\_\_\_\_ Acct #: \_\_\_\_\_

Current 1<sup>st</sup> Mortgage Servicer: \_\_\_\_\_ Acct #: \_\_\_\_\_

Additional Lien Holders, if any: \_\_\_\_\_

Please attach the following documentation to this order form if available:

- Survey
- Owner's Title Insurance Policy
- Fully Executed Contract
- Signed Borrowers Authorization for Payoffs

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your business!*