

WATSON TITLE SERVICES OF N. FL., INC.
11226 SAN JOSE BLVD., STE. 2
JACKSONVILLE, FL 32223
OFFICE (904) 461-3220 ** FAX (904) 461-3221
OFFICE@WATSONTITLE.NET
TITLE ORDER INFO SHEET

IS THIS A SHORT SALE? _____ IF YES, IS WATSON TITLE PROCESSING THE SHORT SALE? _____

NAME OF SELLER(S): _____

SELLER SOCIAL SECURITY # (S) _____ (HIS) _____ (HERS)

FORW. ADDR. OF SELLER(S): _____

SELLER(S) E-MAIL: _____ (HIS) _____ (HERS)

SELLER(S) PHONE #: _____ (HOME) _____ (WORK) _____ (CELL)

SELLER(S) REAL ESTATE AGENT: _____

R.E. AGENT CONTACT _____ (OFFICE) _____ (CELL) _____ (FAX)

R.E AGENTS E-MAIL: _____

R.E AGENTS COMMISSION _____ % BROKER ONLY COMMISSION: _____

IS THE BINDER CHECK BEING BROUGHT TO CLOSING? _____ (YES) _____ (NO)

NAME OF BUYER(S): _____

BUYER(S) ADDRESS: _____

BUYER(S) E-MAIL: _____ (HIS) _____ (HERS)

BUYER(S) PHONE #: _____ (HOME) _____ (WORK) _____ (CELL)

BUYERS REAL ESTATE AGENT: _____

R.E AGENTS CONTACT _____ (OFFICE) _____ (CELL) _____ (FAX)

R.E AGENTS E-MAIL: _____

R.E AGENTS COMMISSION _____ %

PROPERTY ADDRESS: _____

PROPERTY LEGAL DESCRIPTION: _____

ANTICIPATED CLOSING DATE: _____

MAILAWAY (SELLER) _____ (YES) _____ (NO) MAILAWAY (BUYER) _____ (YES) _____ (NO)

NAME OF LENDER: _____

CONTACT PERSON: (NAME) _____ (PHONE #) _____ (FAX#) _____

FIRST MORTGAGE OF SELLER? _____ (YES) _____ (NO) IF YES WHOM: _____

LOAN # OF PAYOFF: _____

NAME OF SURVEY CO: _____

HAS SURVEY BEEN ORDERED? _____ (YES) _____ (NO)

NAME OF PEST INSPECTOR: _____

HAS PEST INSPECTION BEEN ORDERED? _____ (YES) _____ (NO) IF YES BY WHOM? _____

IS THERE A HOMEOWNERS ASSOCIATION? _____ (YES) _____ (NO) IF YES, NAME OF HOMEOWNERS ASSOCIATION: _____

_____ CONTACT# _____ MONTHLY AMOUNT: _____

IS THIS PROPERTY CONSIDERED A MOBILE HOME? _____ (YES) _____ (NO)