

Title Order Sheet
Watson Title Services of N FL Inc
3951 Baymeadows Road
Jacksonville, FL 32217
Office (904) 461-3220**Fax (904) 461-3221
OFFICE@WATSONTITLE.NET

NAME OF SELLER(S): _____
SELLER(S) FORWARDING ADDRESS(S): _____
SELLER(S) E-MAIL: _____ (SELLER #1) _____ (SELLER #2)
SELLER(S) PHONE #: _____ (HOME) _____ (WORK) _____ (CELL)
SELLER(S) REAL ESTATE AGENT: _____ R.E. AGENTS EMAIL: _____
R.E. AGENT CONTACT: _____ (OFFICE) _____ (CELL) _____ (FAX)
R.E. AGENTS COMMISSION: LISTING SIDE _____ % SELLING SIDE _____ %
BROKER ONLY COMMISSION LISTING SIDE \$ _____ SELLING SIDE \$ _____
NAME OF BUYER(S): _____
BUYER(S) ADDRESS: _____
BUYER(S) E-MAIL: _____ (BUYER #1) _____ (BUYER #2)
BUYER(S) PHONE: _____ (HOME) _____ (WORK) _____ (CELL)
BUYERS REAL ESTATE AGENT: _____
R.E. AGENTS CONTACT: _____ (OFFICE) _____ (CELL) _____ (FAX)
R.E. AGENTS E-MAIL: _____
PROPERTY ADDRESS: _____
PROPERTY LEGAL DESCRIPTION: _____
ANTICIPATED CLOSING DATE: _____ MAILAWAY (SELLER) _____ (YES) _____ (NO) MAILAWAY (BUYER) _____ (YES) _____ (NO)
NAME OF LENDER: _____
CONTACT PERSON (NAME): _____ (PHONE #) _____ (FAX #) _____
SELLER 1ST MORTGAGE PAYOFF _____ (YES) _____ (NO) IF YES WHOM: _____
1ST MORTGAGE PAYOFF ACCT #: _____ (CONTACT) _____ (PHONE #) _____
2ND MORTGAGE PAYOFF?: _____ (YES) _____ (NO) 2ND MTG LENDER: _____ ACCT # _____
CONTACT: _____ (PHONE #) _____
NAME OF SURVEY COMPANY: _____ 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 ASSOCIATION NAME: _____
CONTACT #: _____ DUES: \$ _____ PAYMENT FREQUENCY: _____
IS THERE A SECONDARY OR MASTER ASSOCIATION? _____ (YES) _____ (NO) IF YES ASSOCIATION NAME: _____
CONTACT # _____ DUES \$ _____ PAYMENT FREQUENCY: _____
IS THIS PROPERTY CONSIDERED A MOBILE HOME? _____ (YES) _____ (NO)