

COLONIAL TITLE COMPANY,
a title agency

main office:
27500 Harper Avenue, St. Clair Shores, MI 48081
Phone: (586) 774-5950 Fax: (586) 774-7040

34350 Twenty Three Mile Road, New Baltimore, MI 48047
Phone: (586) 725-2823 Fax: (586) 725-2810

Email address: colonialtitleco@aol.com

BROKER DEMAND ORDER FORM - REFINANCE

DATE ORDERED: _____ FILE# _____

REQUESTING:

☐ GAP LETTER

☐ INSURED CLOSING PROTECTION LETTER
Please fill in address information under lender information column

☐ WIRE INSTRUCTIONS
Incoming wire fee: \$10.00
Outgoing wire fee: \$20.00

☐ CHAIN OF TITLE (12 OR 24 MONTHS)
Chain of title fee: \$25.00
Document preparation: \$50.00 if applicable

PROPERTY TYPE (choose one)	New Construction: YES/NO	Intended Primary Use
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> CONDO OR CO OP <input type="checkbox"/> 2-4 UNITS, RESIDENTIAL	<input type="checkbox"/> RESIDENTIAL LOT <input type="checkbox"/> BUSINESS OPPORTUNITY <input type="checkbox"/> LOT, LAND, ACREAGE	<input type="checkbox"/> FARM OR RANCH <input type="checkbox"/> COMMERCIAL/INDUSTRIAL BLDG <input type="checkbox"/> OTHER
		<input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> INVESTMENT OR RETAIL <input type="checkbox"/> USE IN A BUSINESS

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

TAX ID NUMBER: _____

OWNER INFORMATION

NAME (1): _____

NAME (2): _____

MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOW

OWNER MAILING ADDRESS:
(AFTER THE SALE OR IF DIFFERENT THAN PROPERTY ADDRESS)

STREET, CITY, STATE AND ZIP CODE

SELLER'S PHONE NUMBER

OWNER (1) SOC. SEC. # _____

OWNER (2) SOC. SEC. # _____

MORTGAGE BROKER INFORMATION

MORTGAGE BROKER: _____

LOAN OFFICER: _____

ADDRESS: _____

PHONE# _____ FAX# _____

EMAIL ADDRESS: _____

MORTGAGE AMOUNT: \$ _____

FINANCING SOURCE (CHOOSE ONE)

☐ SAVINGS & LOAN
☐ BANK
☐ MORTGAGE COMPANY

☐ ASSUMPTION
☐ CASH
☐ OTHER

FINANCING TYPE (CHOOSE ONE)

☐ V/A
☐ FHA
☐ LAND CONTRACT

LENDER INFORMATION

PLEASE COMPLETE FOR INSURED CLOSING PROTECTION LETTER

LENDER: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE# _____ FAX# _____

SECONDARY FINANCING: _____
INSURED: Y / N

IF APPLICABLE:	MORTGAGE PAYOFF ORDERED BY:	TITLE CO.	BROKER	N/A
	EQUITY LINE PAYOFF ORDERED BY:	TITLE CO.	BROKER	N/A (MUST BE CLOSED OUT)

MISC. LOAN CHARGES:

APPRAISAL: \$ _____ TO _____

HOME OWNERS INSURANCE: \$ _____ TO _____

SURVEY, IF APPLICABLE: \$ _____ TO _____

MISC. CHARGES: \$ _____ TO _____

SPECIAL INSTRUCTIONS