

HH@9 CF 89F : CFA

Please fax/email a copy of the contract and any addendums with order



Allied Title Company
4920 Niagara Road, #108
College Park, MD 20740
Phone: (301) 220-4494
Fax: (301) 220-4486
Email: info@alliedtitleco.com

Date: \_\_\_\_\_ □ Sale/Purchase □ Refinance
Contract price: \_\_\_\_\_ Deposit amount \_\_\_\_\_
Deposit held by: \_\_\_\_\_ Telephone \_\_\_\_\_
Property address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Strap# \_\_\_\_\_

Seller's name: \_\_\_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_
Closing location: □ Mail away □ Office □ Other
Existing 1st Mortgage Info: Lender \_\_\_\_\_
Account # \_\_\_\_\_ Customer Svc Telephone \_\_\_\_\_
Existing 2nd Mortgage Info: Lender \_\_\_\_\_
Account # \_\_\_\_\_ Customer Svc Telephone \_\_\_\_\_

Buyer's name: \_\_\_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_
Closing location: □ Mail away □ Office □ Other
Financing: □ Yes Amount \_\_\_\_\_ Cash transaction: □ Yes
Mortgage broker name: \_\_\_\_\_ Contact \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_
Lender name: \_\_\_\_\_ Contact \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_
Survey required? □ Yes □ No

Selling office: \_\_\_\_\_ Address: \_\_\_\_\_
Agent: \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_
Fax: \_\_\_\_\_ Email \_\_\_\_\_
Listing office: \_\_\_\_\_ Address: \_\_\_\_\_
Agent: \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_
Fax: \_\_\_\_\_ Email \_\_\_\_\_

Commission % and split %: \_\_\_\_\_
Transaction fee: Selling office \_\_\_\_\_ Listing office \_\_\_\_\_
Home warranty: Selling office \_\_\_\_\_ Listing office \_\_\_\_\_

If property is a condominium or property is in a HOA please provide name and contact info:
Name: \_\_\_\_\_ Contact \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

