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**Cape Coral, FL 33904**  
**www.assurancetitleagency.com**

**ORDER FORM:**

Please complete as thoroughly as possible. We will contact you if we need more information to expedite the process.

Listing Office: \_\_\_\_\_  
Agent Name: \_\_\_\_\_  
Phone Number: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_

Selling Office: \_\_\_\_\_  
Agent Name: \_\_\_\_\_  
Phone Number: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_

Commission \_\_\_\_\_ %  
Split \_\_\_\_\_ Broker Fee \_\_\_\_\_  
Mail Check?    Pick Up? \_\_\_\_\_

Commission \_\_\_\_\_ %  
Split \_\_\_\_\_ Broker Fee \_\_\_\_\_  
Mail Check?    Pick Up? \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Sales Price: \_\_\_\_\_ Contract Closing Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SELLER Information**

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Property Being Sold Is:    Primary Residence    2nd Home    Investment  
Marital Status: \_\_\_\_\_ Remote/Mail-Away Closing: Yes    No    Unknown

**BUYER Information**

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Property Being Sold Is:    Primary Residence    2nd Home    Investment  
Marital Status: \_\_\_\_\_ Remote/Mail-Away Closing: Yes    No    Unknown  
Lender / Loan Officer Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Additional Information/Special Requests**

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*Thank you for your order! We will process this ASAP!*