

First Republic Title, LLC

1545 S. Belcher Rd Suite A, Clearwater, FL 33764

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File No: _____

Seller New Order Information Form

Property Address: _____

Seller(s) Information:

Was the subject property your primary residence? Yes _____ No _____

Will Seller(s) Attend Closing: Yes _____ No _____

Are Seller(s) US Citizens: Yes _____ No _____ If no, country of Citizenship _____

Confirm legal spelling of name(s):

Name: _____ D.O.B.: _____ SSN: _____ (Required for tax purposes)

Name: _____ D.O.B.: _____ SSN: _____ (Required for tax purposes)

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Phone #: _____

Email: _____

Marital Status – Please circle as applicable:

Husband & Wife Married: Man/Woman Single: Man/Woman Widow/Widower Married Couple

Existing Mortgage Co. Info (if applicable):

Lender/Contact #: _____ Loan#: _____

Lender/Contact #: _____ Loan#: _____

Homeowners Association/Management Co. (if applicable):

Co. Name: _____ Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Maintenance Fee Due: ___ Monthly / ___ Annually / ___ Quarterly Amount: \$ _____

***** The items requested below can help facilitate your transaction and/or may save you some money.*****

➤ Do you have a current Survey? _____ YES / _____ NO

If so, please provide, if no changes have been made to the property.

➤ Do you have an Owner's Policy of title insurance? _____ YES / _____ NO

If so, please provide, as you may be eligible for a credit on the new policy, if you purchased within the last 3 years.