Trust Title Solutions, Ltd.

34770 US Hwy 19 N. Palm Harbor, FL 34684
Phone (727) 781-9040 Fax (727) 781-6018

File# _____ **Closing Date:** _____ **Sales Price:** _____
Property Address: _____
City: _____ **State:** _____ **Zip:** _____

SELLER	BUYER/BORROWER
Name(s): _____ _____ **SSN#:** _____ _____ **Marital Status:** _____ **Forwarding Address:** _____ _____ **City:**_____**State:**_____**Zip:** _____ **Home Phone:** _____ **Other Phone:** _____ **E-Mail:**_____ **Mail Away:** YES NO	**Name(s):** _____ _____ **SSN#:** _____ _____ **Marital Status:** _____ **Address:** _____ _____ **City:**_____**State:**_____**Zip:** _____ **Home Phone:** _____ **Other Phone:** _____ **E-Mail:**_____ **Mail Away:** YES NO
PAYOFF INFORMATION **1st Mtg. Holder:** _____ **Account #:** _____ **Phone:** _____ **2nd Mtg. Holder:** _____ **Account #:** _____ **Phone:** _____	**LOAN AMOUNT: $** _____ **LENDER:** _____ **Contact:** _____ **Phone:** _____**Fax:**_____ **BROKER:**_____ **Phone:** _____**Fax:**_____ **Contact Person(s):** _____ **E-mail:** _____
Home Warranty: YES NO **Company:** _____ **Amount:** _____ **Paid by:** Buyer Seller S.Agent B.Agent	**Homeowner's Association:** YES NO **Name of HOA:** _____ **Contact :** _____ **Phone:** _____ **Fax:** _____ **Amount $:** _____ **Paid:** Annually Monthly Quarterly
Seller's Agent: _____ **Selling Office:** _____ **Phone:** _____ **Alt. Phone:** _____ **Fax:** _____ **Commission:** _____**Trans. Fee:**_____	**Buyer's Agent:** _____ **Cooperating Office:** _____ **Phone:** _____ **Alt. Phone:** _____ **Fax:** _____ **Commission:** _____**Trans. Fee:** _____
Title Company to order: **Termite:** YES NO **Survey:** YES NO	**Earnest money deposit held by:** _____ **Amount:** _____

NOTES