



www.royaltitle.com

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800.738.4853 888.848.5343 fax

REFINANCE ORDER FORM

APPLICANT

Date Ordered: _____ Closing Date: _____

Person Ordering: _____ Company Name: _____

E-mail: _____ Phone: _____

Sales Representative: _____ Fax: _____

Select one:

Title Insurance

Current Owner Search

◆ Prior Title Policy Sent with this order? Yes No

Prior File Number (if available) _____

◆ Is Royal Title To Close? Yes No Place of Closing? _____

◆ Order Survey? Yes No Preferred Surveyor: _____

BORROWERS

Name (first, middle, last) _____ SSN _____

Name (first, middle, last) _____ SSN _____

Home Phone: _____ Work Phone: _____ E-mail: _____

LENDER

Lender Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Fax: _____

Loan Amount: _____ Loan Type: _____

PROPERTY

Property Address: _____

City: _____ State: _____ Zip: _____

County: _____ Legal Description: _____

PAYOFF

Should Royal Title Services order payoff?

Yes No

If yes, please send an authorization.

Name: _____ Account #: _____ Phone: _____

Name: _____ Account #: _____ Phone: _____

Name: _____ Account #: _____ Phone: _____

SPECIAL INSTRUCTIONS

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