

# TITLE ORDER FORM

**BOND TITLE SERVICES, INC.**  
200 NORTH M.L. KING JR. AVE., P.O. BOX 8831  
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**SERVICE REQUESTED (check one):**

- ☐ LETTER REPORT/OWNERSHIP AND LIEN (OWNERSHIP, LIEN, TAX AND NAME)
- ☐ COMMITMENT/POLICY (circle one)      Purchase      Refinance      HELOC

SALES PRICE \_\_\_\_\_ Loan Amount \_\_\_\_\_

**Endorsements (circle all applicable)**    Comprehensive    EPL    Location Note    ARM    Balloon  
Condo    PUD    Revolving Credit    Other (please identify)

Approximate Closing Date: \_\_\_\_\_

**Lender's name and insurance clause** \_\_\_\_\_

\_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**Permanent Index/Parcel number:** \_\_\_\_\_

Buyer's/Borrower's name: \_\_\_\_\_

Buyer's/Borrower's address: \_\_\_\_\_

Phone number/e-mail address: \_\_\_\_\_

Seller's name: \_\_\_\_\_

Seller's address: \_\_\_\_\_

Seller's phone number/e-mail: \_\_\_\_\_

Buyer's attorney name, phone number/e-mail: \_\_\_\_\_

Realtor's name, phone number/e-mail: \_\_\_\_\_

**Client information:**

Contact: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_