



First American Title Insurance Company – Order Application

Date: _____

Order Desk Fax: 866 – 892 – 1147 E-mail: orders.il@firstam.com

APPLICANT (BUSINESS SOURCE):

Name/Company: _____ Contact: _____
GAB ID: _____ Phone: _____
Address: _____ Fax: _____
City / St. / Zip: _____ E-mail: _____

SERVICES:

Business Segment: New Home/Subdivision Residential – Existing Home Commercial
Transaction Type: Sale – Mortgage Refinance Const. Loan Foreclosure Tract Search
 Sale – Cash Equity Loan REO Other: _____

PRODUCT:

Owners Policy Loan Policy Junior LP Tract Search Other: _____

SALES PRICE: \$ _____ **1ST LOAN AMOUNT:** \$ _____

PROPERTY INFORMATION:

Property Type: Single Family Condominium Vacant Land Commercial Other: _____

TAX ID / APN(S): _____ - _____ - _____ - _____ - _____
_____ - _____ - _____ - _____ - _____

First American Prior No: _____

Street: _____ City: _____ State: _____ Zip: _____

County: _____ Lot/Unit: _____ Section: _____ Subdivision: _____

BUYER / BORROWER #1: Name or Company: _____
BUYER / BORROWER #2: Name or Company: _____
SELLER #1: Name or Company: _____
SELLER #2: Name or Company: _____

NEW LENDER INFORMATION:

Name: _____ Phone: _____
Address: _____ Fax: _____
City/St./Zip _____ E-Mail: _____
Contact: _____

ASSOCIATED PARTY #1 (Buyer's Attorney, Builder, Broker/Realtor):

Name: _____ Phone: _____
Address: _____ Fax: _____
City/St./Zip _____ E-Mail: _____
Contact: _____

ASSOCIATED PARTY #2 (Buyer's Attorney, Builder, Broker/Realtor):

Name: _____ Phone: _____
Address: _____ Fax: _____
City/St./Zip _____ E-Mail: _____
Contact: _____

NOTE: CHICAGO PROPERTY ONLY – The City of Chicago requires a Certificate of Full Payment and/or a Zoning Compliance Certificate on many transactions. Contact our Water and Zoning Department for details. (877) 295-4328 or e-mail us at chicagowatercert.il@firstam.com.

Approx. Closing Date: _____ Sales Account Rep: _____

Special Instructions: _____
