

# TITLE ORDER FORM

## Refinance Only

### **Kidwell, Kent & Curran Office to Conduct Closing:**

(Select one.)

Maryland  
Virginia

### **Are you a:**

(Select one.)

Lender  
Realtor  
Consumer

### **Borrowers:**

#### Borrower 1:

Name:

SSN#:

#### Borrower 2:

Name:

SSN#:

### **Contact Information:**

#### Borrower 1:

Office #:

Home #:

FAX #:

E-mail:

**Borrower 2:**

Office #:

Home #:

FAX #:

E-mail:

**Property Information:**

Property Address:

Property City:

Property State:

Property Zip:

**Legal Description:**

Lot:

Block:

Subdivision:

Condo Unit #:

Condominium:

Tax ID:

**New Lender Information:**

Loan Officer:

New Lender Company Name:

Loan Officer Phone:

Loan Officer Fax:

Loan Amount:

**Existing Lender Information:**

Loan 1:

Lender Name:

Account Number:

Lender Street Address:

Lender City:

Lender State:

Lender Zip:

Lender Toll Free #:

Loan 2:

Lender Name:

Account Number:

Lender Street Address:

Lender City:

Lender State:

Lender Zip:

Lender Toll Free #:

**Is Loan 2 a Home Equity Loan?**

(Select one.)

Yes

No

**Anticipated Closing Date:**

**Special Notes:**