

COLONIAL TITLE COMPANY,  
a title agency

main office:

27500 Harper Avenue, St. Clair Shores, MI 48081  
Phone: (586) 774-5950 Fax: (586) 774-7040

34350 Twenty Three Mile Road, New Baltimore, MI 48047  
Phone: (586) 725-2823 Fax: (586) 725-2810

Email address: [colonialtitleco@aol.com](mailto:colonialtitleco@aol.com)

BROKER DEMAND ORDER FORM - REFINANCE

DATE ORDERED: \_\_\_\_\_ FILE# \_\_\_\_\_

REQUESTING:

- |  |   |
|--|---|
| <input type="checkbox"/> GAP LETTER  | <input type="checkbox"/> INSURED CLOSING PROTECTION LETTER<br><small>Please fill in address information under lender information column</small> |
| <input type="checkbox"/> WIRE INSTRUCTIONS<br>Incoming wire fee: \$10.00<br>Outgoing wire fee: \$20.00 | <input type="checkbox"/> CHAIN OF TITLE (12 OR 24 MONTHS)<br>Chain of title fee: \$25.00<br>Document preparation: \$50.00 if applicable         |

PROPERTY TYPE (choose one)	New Construction: YES/NO	Intended Primary Use
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> RESIDENTIAL LOT	<input type="checkbox"/> FARM OR RANCH	<input type="checkbox"/> PRIMARY RESIDENCE
<input type="checkbox"/> CONDO OR CO OP <input type="checkbox"/> BUSINESS OPPORTUNITY	<input type="checkbox"/> COMMERCIAL/INDUSTRIAL BLDG	<input type="checkbox"/> INVESTMENT OR RETAIL
<input type="checkbox"/> 2-4 UNITS, RESIDENTIAL <input type="checkbox"/> LOT, LAND, ACREAGE	<input type="checkbox"/> OTHER	<input type="checkbox"/> USE IN A BUSINESS

PROPERTY ADDRESS: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
TAX ID NUMBER: \_\_\_\_\_

OWNER INFORMATION

NAME (1): \_\_\_\_\_  
NAME (2): \_\_\_\_\_  
MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOW  
OWNER MAILING ADDRESS:  
(AFTER THE SALE OR IF DIFFERENT THAN PROPERTY ADDRESS)  
STREET, CITY, STATE AND ZIP CODE \_\_\_\_\_  
SELLER'S PHONE NUMBER \_\_\_\_\_  
OWNER (1) SOC. SEC. # \_\_\_\_\_  
OWNER (2) SOC. SEC. # \_\_\_\_\_

MORTGAGE BROKER INFORMATION

MORTGAGE BROKER: \_\_\_\_\_  
LOAN OFFICER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

LENDER INFORMATION

PLEASE COMPLETE FOR INSURED CLOSING PROTECTION LETTER

LENDER: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

MORTGAGE AMOUNT: \$ \_\_\_\_\_

SECONDARY FINANCING: \_\_\_\_\_  
INSURED: Y / N

<b>FINANCING SOURCE (CHOOSE ONE)</b>	<b>FINANCING TYPE (CHOOSE ONE)</b>
<input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> ASSUMPTION	<input type="checkbox"/> V/A
<input type="checkbox"/> BANK <input type="checkbox"/> CASH	<input type="checkbox"/> FHA
<input type="checkbox"/> MORTGAGE COMPANY <input type="checkbox"/> OTHER	<input type="checkbox"/> LAND CONTRACT

IF APPLICABLE:	MORTGAGE PAYOFF ORDERED BY:	TITLE CO.	BROKER	N/A
	EQUITY LINE PAYOFF ORDERED BY:	TITLE CO.	BROKER	N/A (MUST BE CLOSED OUT)

MISC. LOAN CHARGES:

APPRAISAL: \$ \_\_\_\_\_ TO \_\_\_\_\_  
HOME OWNERS INSURANCE: \$ \_\_\_\_\_ TO \_\_\_\_\_  
SURVEY, IF APPLICABLE: \$ \_\_\_\_\_ TO \_\_\_\_\_  
MISC. CHARGES: \$ \_\_\_\_\_ TO \_\_\_\_\_

SPECIAL INSTRUCTIONS