

Ready to begin the closing process on your real estate transaction? We're ready to help. Please complete as much of the following information as possible. When completed, click "SEND" to transmit to us. Or you can print the completed form and fax it to our Order Center, 225-292-0517.

TRANSACTION TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
		<input type="checkbox"/> Refinance	
		<input type="checkbox"/> Sale	
		Please forward a copy of the Purchase Agreement to FAX 225-292-0517 or send an email with attachments to: info@commercetitle.com	
		<input type="checkbox"/> New Construction	
CUSTOMER			
First Name:			
Last Name:			
E-mail:			
Company:			
Phone:			
Fax:			
PROPERTY			
Street Address:			
City:			
State:			
Zip Code:			
County:			
Parcel ID:			
Legal Description :			
BUYER/BORROWER			
Borrower's Name:		Borrower's SSN:	
Co-Borrower's Name:		Co-Borrower's SSN:	
Marital Status:		Borrower's Phone:	
Occupancy Status:		Agent:	
Borrower's Address:		Agent Phone:	
City:		Deposit Held By:	
State:		Deposit Amount:	
SELER (Leave blank if refinancing)			
Seller's Name		Seller's SSN:	
Co-Seller's Name		Co-Seller's SSN:	
Marital Status:		Seller's Phone	
Seller's Address:			
City:		Agent:	