

JUNCTION CITY ABSTRACT & TITLE CO.
807 North Washington • P.O. Box 1449
Junction City, KS 66441
Phone: (785) 238-6111
Fax: (785) 238-6225

TITLE ORDER REQUEST

ORDER DATE: _____

ORDERED BY: _____ NEED BY: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

PURCHASE PRICE: _____

BUYER(S) NAME(S): _____

SELLER(S) NAME(S): _____

TRANSACTION TYPE (CIRCLE ALL THAT APPLY):

REFI	BUYER/SELLER	CASH	MORTGAGEREPO
	FORECLOSURE	PURCHASE UNDER CONTRACT	
	NEW CONSTRUCTION	FSBO	

LENDER: _____ LOAN AMT: _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____

ENDORSEMENTS: _____ APPROX. CLOSING DATE: _____

ESCROW (CIRCLE ONE): **YES** **NO**

ADDITIONAL INSTRUCTIONS/COMMENTS: _____

THANK YOU FOR YOUR BUSINESS!