

TITLE REQUEST FORM

BORROWER'S NAME: _____

SPOUSE'S NAME (IF ANY): _____

PROPERTY ADDRESS: _____

COUNTY: _____

PHONE NUMBER: _____

FAX NUMBER: _____

_____ PURCHASE _____ REFINANCE

SELLER'S NAME (IF ANY): _____

NEW LENDER: _____

LOAN AMOUNT: _____

REQUESTED BY: _____

COMPANY NAME: _____

COMPANY PHONE NUMBER: _____

COMPANY FAX NUMBER: _____

COMPANY E-MAIL ADDRESS: _____

EXISTING 1ST MORTGAGE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EXISTING 2ND MORTGAGE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

PLEASE FAX FORM TO 803.329.7760 OR 704.376.8180

EMAIL TO [BONNIE@FRICKTRENT.COM](mailto:Bonnie@FrickTrent.com)