

LAW OFFICES OF MICHELLE VERECKEY, PLLC

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REQUEST FOR TITLE SERVICES

FAX TO: 704-282-1023

Date ordered: _____

Your name: _____

Company: _____

Phone: _____ Fax: _____

Refinance

or
Circle one

Purchase

Borrower name: _____

Property address: _____

Lender name: _____

Loan amount: 1st _____ 2nd _____

Do you want us to order a survey? Yes _____ No _____

Preferred date/time to close: _____

Preferred place to close: _____

If this transaction is a purchase, please provide contact information for the seller and/or any realtors involved _____

Any additional requirements: _____

We will call to confirm closing place, date and time.