

TITLE REQUEST

Fax/Email Transmission

To: WVBT (877-451-8826) fax

From: _____,

(Loan Officer to receive credit)

Date: _____

Pages: _____

Bank branch to receive credit: _____

Contact Person: _____

Phone: _____

Loan Officer's Email: _____

Fax: _____

Contact Person's Email: _____

Special instructions: _____

Is there a **Prior Policy** with WVBT yes / no. With another title company yes / no? If yes, will you be providing us a copy to receive a discount? yes / no.

*** A real estate secured loan has been approved for the below named customer(s) in the amount of \$ _____. Pursuant to the borrowers request, please obtain title insurance from **WVBT**.

*****PLEASE ISSUE:**

() lenders policy only \$ _____
(loan amount)

() lenders and owners policy \$ _____
(sales price/appr. Value)

Current/Vested Owner(s) _____

Purchaser(s)/Borrower(s) _____ Title To Be Vested In: _____

Purchase Price/ Appraised Value: _____

Type of Loan: Purchase () Refinance () Construction () Balloon () Commercial ()
Conv. Fixed () ARM () FHA () VA () Biweekly ()

If Construction: Permanent () or Temporary () Builder's Name: _____
Financing Financing

PROPERTY DESCRIPTION:

Mailing Address/Email Address for Owner's Policy _____

Property description _____

County _____

Property Type: 1-4 Family Residential () Commercial () Condominium () Mobile Home ()
PUD () Land Only () Other ()

Closing date: _____

Title Attorney _____

Settlement Agent: (please check one)

Phone _____

Bank _____ Attorney _____

Fax _____

ATTACHMENTS:

____ Sales/Purchase Contract

____ Copy of Deed

____ Copy of Survey

____ Back Title/ Prior Policy

____ Other, please specify, _____