



# FRONTIER TITLE COMPANY, L.L.C.

2203 East Empire Street, Suite B,  
Bloomington, Illinois 61704  
Telephone: (309) 661-8833 Fax: (309)-662-8268

## TITLE WORK ORDER FORM

### General Information and Services Requested:

	Order Type	Loan Type
Commitment	<input type="checkbox"/>	<input type="checkbox"/> Conventional
Search	<input type="checkbox"/>	<input type="checkbox"/> FHA
Contract for Deed	<input type="checkbox"/>	<input type="checkbox"/> VA
Deed Preparation	<input type="checkbox"/>	
PTAX Preparation	<input type="checkbox"/>	
Other	<input type="text"/>	<input type="checkbox"/> Construction Loan

### Customer (Company or Individual ordering Title Work)

First Name:

Last Name:

Email:

Company:

Fax:

### Property

Street Address:

City:

State: Illinois

ZIP:

Phone:

County:

Parcel ID:

Legal Description:



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**TITLE WORK ORDER FORM (Page 2)**

**Buyer/Borrower**

<b>Borrower's Name:</b>	<input type="text"/>
<b>Borrower's SSN:</b>	<input type="text"/>
<b>Co-Borrower's Name:</b>	<input type="text"/>
<b>Co-Borrower's SSN:</b>	<input type="text"/>
<b>Company Name:</b>	<input type="text"/>
<b>Company EIN:</b>	<input type="text"/>
<b>Marital Status:</b>	<input type="text" value="Please select"/>
<b>Occupancy Status:</b>	<input type="text" value="Please select"/>
<b>Purchaser Taking Title as:</b>	<input type="text" value="Please select"/>
<b>Borrower's Address:</b>	<input type="text"/>
<b>City:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>ZIP:</b>	<input type="text"/>
<b>Borrower's Phone:</b>	<input type="text"/>
<b>Agent:</b>	<input type="text"/>
<b>Agent Phone:</b>	<input type="text"/>
<b>Agent Fax:</b>	<input type="text"/>
<b>Agent Email:</b>	<input type="text"/>
<b>Deposit Held By:</b>	<input type="text"/>
<b>Deposit Amount:</b>	<input type="text"/>



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**TITLE WORK ORDER FORM (Page 3)**

**Seller (leave blank if refinancing)**

<b>Seller's Name:</b>	<input type="text"/>
<b>Seller's SSN:</b>	<input type="text"/>
<b>Co-Seller's Name:</b>	<input type="text"/>
<b>Co-Seller's SSN:</b>	<input type="text"/>
<b>Company Name:</b>	<input type="text"/>
<b>Company EIN:</b>	<input type="text"/>
<b>Marital Status:</b>	<input type="text" value="Please select"/>
<b>Seller's Address:</b>	<input type="text"/>
<b>Seller's Phone:</b>	<input type="text"/>
<b>City:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>ZIP:</b>	<input type="text"/>
<b>Agent:</b>	<input type="text"/>
<b>Agent Phone:</b>	<input type="text"/>
<b>Agent Fax:</b>	<input type="text"/>
<b>Agent Email:</b>	<input type="text"/>



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## TITLE WORK ORDER FORM (Page 4)

### Lender

<b>Loan Purpose:</b>	<input type="text" value="Please select"/>
<b>Loan Amount:</b>	<input type="text"/>
<b>Lender:</b>	<input type="text"/>
<b>Lender Fax:</b>	<input type="text"/>
<b>Lender Email:</b>	<input type="text"/>
<b>Purchase Price:</b>	<input type="text"/>
<b>Loan Officer's Name:</b>	<input type="text"/>
<b>Est. Closing Date:</b>	<input type="text"/>
<b>Date Work Needed:</b>	<input type="text"/>
<b>Officer's Phone:</b>	<input type="text"/>

### Additional Information

<b>First Mortgage Co:</b>	<input type="text"/>
<b>Loan #:</b>	<input type="text"/>
<b>Phone:</b>	<input type="text"/>
<b>Hazard Insurance:</b>	<input type="text"/>
<b>Second Mortgage Co:</b>	<input type="text"/>
<b>Loan #:</b>	<input type="text"/>
<b>Phone:</b>	<input type="text"/>
<b>Hazard Ins. Phone:</b>	<input type="text"/>
<b>Association Phone:</b>	<input type="text"/>
<b>Association:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Association Name:</b>	<input type="text"/>
<b>Association Contact:</b>	<input type="text"/>