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PURCHASE REFINANCE (check one) **DATE:** _____ **DUE BY:** _____

PREMISES : _____ **SEC :** _____
 _____ **BLK :** _____
 _____ **LOT :** _____
 _____ **DIST:** _____

BUYER/BORROWER NAME(S): _____

ADDRESS: _____

SS NUMBER(S): _____

SELLER NAME(S): _____

ADDRESS: _____

SS NUMBER(S): _____

BUYER ATTORNEY: _____

PHONE: _____ **FAX:** _____

SELLER ATTORNEY: _____

PHONE: _____ **FAX:** _____

BANK: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

BANK ATTORNEY: _____

PHONE: _____ **FAX:** _____

ORDERED BY: _____ **MORTGAGE AMT: \$** _____
PHONE: _____ **FAX:** _____ **PURCHASE PRICE: \$** _____

1ST EQUITY SALES REP: _____

Departmental Searches:

Tax Search	Bankruptcy	C/O	
Housing/Bldg.	Street Rep.	Emergency Repair	
Environmental	Survey Insp.	Fire	Other: _____