



TITLE ORDER FORM-RE-FINANCE

order@wistitle.net
Phone: (608) 467-1075
Fax: (877) 684-7991

Property Information:

County: _____
Property Address: _____
Short Legal Description: _____
Tax Parcel Number(s): _____

type in City, Village or
Town and the Zip

Prior Title: _____ (if available, please fax toll free to 877-684-7991)

Closing Information:

Closing Date: _____ Commitment Needed By: _____

Borrower(s): _____

Address: _____

City _____ State _____ Zip _____

Loan Amount: \$ _____

Lender Information:

Name of Lender: _____

Contact Person: _____ Phone: _____

Branch Address: _____ Fax: _____

City _____ State _____ Zip _____ Email: _____

Serving Your Closing & Title Needs

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