

ORDER AND AGREEMENT FORM

Bryan County Abstract Company
P.O. Box 557
Durant, OK 74702
Phone: 580.924.0306; 580.920.0212
Fax: 580.920.1481; 580.920.0104

THIS FORM MUST BE FILLED OUT COMPLETELY WITH A COMPLETE LEGAL AND SIGNATURE BEFORE THE ORDER CAN BE PROCESSED

DATE ORDERED: _____ ORDERED BY: _____
DATE ALL INFORMATION HAS BEEN PROVIDED: _____ **START DATE**

Property Address: _____
LEGAL
DESCRIPTION: _____

Title work will be prepared on the legal description provided. Bryan County Abstract is not responsible for work prepared on the wrong land if the order was placed wrong. Payment must be made prior to title work being complete.

Buyer: _____
Seller: _____
Spouse: _____
Spouse: _____
Address: _____
Address: _____
Phone: _____
Phone: _____
Email: _____
Email: _____
Married or Single _____ Married or Single _____

SALES PRICE: _____ LOAN AMOUNT: _____
LENDER: _____
LOAN # _____

WORK TO BE ORDERED

- _____ ABSTRACTING _____ NEW _____ SUPPLEMENTAL/EXTENSION FROM _____
- _____ TITLE INSURANCE
- _____ ZONING
- _____ TITLE REPORT
- _____ FINAL ABSTRACTING
- _____ FINAL TITLE REPORT
- _____ BUYER NAME SEARCH
- _____ UCC SEARCH
- _____ TAX CERTIFICATE
- _____ UNMATURED SPECIAL ASSESSMENT
- _____ COPY OF DOCUMENTS
- _____ TITLE INSURANCE ENDORSEMENTS (PLEASE SPECIFY); _____
- _____ TRANSCRIPT
- _____ EVIDENTARY AFFIDAVIDT (2 NAMES)
- _____ JUDGEMENT/LIEN CERTIFICATE
- _____ OTHER
- _____ LAND ONLY
- _____ LAND AND HOUSE
- _____ COMMERCIAL
- _____ RESIDENTIAL

IS THERE A MOBILE HOME ON THE PROPERTY _____ YES OR _____ NO
IS SURVEY COVERAGE REQUIRED FOR THE LENDERS POLICY? _____ YES OR _____ NO
ATTORNEY TO EXAMINE: _____
WHO IS CLOSING THIS: _____

I agree that the above legal description and all other information provided is correct. I understand that my ORDER DATE is the date that I provided all the "CORRECT" information including legal description to Bryan County Abstract Company. I hereby guarantee payment to Bryan County Abstract for charges accrued. I agree that if my transaction has not closed within 60 days, I give Bryan County Abstract Company permission to charge my credit card for work that has been provided. I understand that all work must be paid before it leaves our office. In the event the order is canceled, I give Bryan County Abstract Company permission to charge my credit card the day my order is canceled.

Signature of Responsible Party _____
Printed name: _____
Billing Address: _____
Credit Card Info:
Visa _____
Master Card _____
Credit Card Number: _____ Security Code _____
Expiration date: _____

HOLD