

**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 AFFIDAVIT (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 \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GO \_\_\_\_\_

Order taken by: \_\_\_\_\_