



RELIANCE TITLE AGENCY, LLC

110 West 34th Street, RM 10001
New York, NY 10001
Tel: (212) 736-2222 Fax: (212) 736-2221

PURCHASE:

PURCHASE AMOUNT: \$ _____

REFINANCE:

LOAN AMOUNT \$ _____

APPLICANT NAME: _____

PROPERTY INFO

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE ZIP: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

DIS: _____ SECTION: _____

BLOCK: _____ LOT: _____

PURCHASER/BORROWER

SELLER

NAME: _____

NAME: _____

PURCHASER'S ATTORNEY

SELLER'S ATTORNEY

NAME: _____

NAME: _____

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

LENDER

NAME: _____

LENDER'S ATTORNEY

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

Additional Comments or

notes: _____

Upon Completion please forward to Reliance Title via Fax or E-mail for prompt response and personal service.

IF THIS IS A REFINANCE, WITHIN 10 YEARS YOU MAY BE ENTITLED TO A REDUCED PREMIUM, CONTACT US IMMEDIATELY IF APPLICABLE.

Survey:
<input type="checkbox"/> I have a survey
<input type="checkbox"/> Please locate a survey
<input type="checkbox"/> No survey required
<input type="checkbox"/> Please order a new survey
Departmental Searches:
<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Street Report
<input type="checkbox"/> Tax Search
<input type="checkbox"/> Full Departmental