

FIRST MORTGAGE: Company:

SECOND MORTGAGE:

PURCHASE APPLICATION FORM Applicant Type: Buyer Only Seller Only Dual Agency Applicant Name: Email: Today's Date: ___ Surety Branch Office: Desired Closing Date: _ Property Address: Surety Representative: City: _____ State: ____ Municipality: ____ Pat Gall __County:____ C: (609) 876-0305 Mortgage Amount: \$ Sales Price: \$ O: (800) 908-4853 Ext. 1169 Short Sale: Yes No Current Owners Policy Available: Yes No pgall@mysurety.com mysurety.com/patgall Block: _____ Lot: ____ Deed Book: ____ Page: _ **BUYER** - BUYER ONLY & DUAL AGENCY BUYER 2: **BUYER 1:** Name: Name: Phone: _____ Phone: ___ SS#: SS#: Email: Email: _ **SELLING BROKER:** ATTORNEY INFORMATION: Company: Company: _ Attorney Name: _____ Real Estate Agent: Phone: Email: MORTGAGEE/LENDER: MORTGAGE BROKER (if applicable): Company: _____ Company: ____ Address: Address: Loan Officer Name: ___ Loan Officer Name: ___ _____ Phone: _____ Processor Name: ____ Processor Name: ___ Email: _____ Phone: ___ Email: _____ I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING (Please Check): Title Insurance Policy: Yes No Policy Type: Basic Enhanced N/A Survey......Yes No Well.....Yes No No Septic.....Yes No Termite Inspection.....Yes No Buyer 1 Signature: ___ Buyer 2 Signature: __ *PLEASE PROVIDE A CONTRACT/AGREEMENT OF SALE* **SELLER** - SELLER ONLY & DUAL AGENCY SELLER 2: SELLER 1: Name: ____ Name: ___ SS#: _____ Phone: ____ SS#: _____ Phone: ___ Email: LISTING BROKER: ATTORNEY INFORMATION: Company: __ Company: _ Real Estate Agent: _____ Attorney Name: _____ _ Phone: Phone: __ Email: _____ **BUYERS TITLE COMPANY INFORMATION** (if applicable): __ Contact: Company: ___ Email: Phone: Is either Seller 62 years of age or older: Yes No Married: Yes No Date of Marriage: Maiden name of Spouse: If former spouse is deceased, provide a copy of the death certificate Widowed: Yes No Divorced: Yes No Provide a copy of the Judgment of Divorce, including property settlement agreement I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING (Please Check): Deed: Yes No Association Dues Letter: Yes No (if yes) Association Name:

Acct #: _____Phone: ___ Seller 1 Signature: _ _____ Seller 2 Signature: __

PAYOFFS (Please check all that apply):

Phone: ___

Phone: ___

EQUITY LINE: Company:

SOLAR PANELS: Company: _____

Phone: __

Acct #: _