National Reach with Local Service

SURETY™
RESIDENTIAL | COMMERCIAL | FORECLOSURE

PURCHASE APPLICATION FORM

Applicant Type: ☐ Buyer Only ☐ Seller Only ☐ Dual Agency

Applicant Name: _____

Email: _____ Phone: _____

Surety Branch Office: _____
Surety Representative:
Ron Conklin
C: (609) 330-8284
O: (800) 908-4853 Ext. 1193
rconklin@mysurety.com
mysurety.com/rconklin

Today's Date: _____ Desired Closing Date: _____
Property Address: _____
City: _____ State: _____ Municipality: _____ County: _____
Sales Price: $ _____ Mortgage Amount: $ _____
Short Sale: Yes ☐ No ☐ Current Owners Policy Available: Yes ☐ No ☐
Block: _____ Lot: _____ Deed Book: _____ Page: _____

BUYER - BUYER ONLY & DUAL AGENCY

BUYER 1:
Name: _____
SS#: _____ Phone: _____
Email: _____

BUYER 2:
Name: _____
SS#: _____ Phone: _____
Email: _____

SELLING BROKER:
Company: _____
Real Estate Agent: _____
Email: _____ Phone: _____

ATTORNEY INFORMATION:
Company: _____
Attorney Name: _____
Email: _____ Phone: _____

MORTGAGEE/LENDER:
Company: _____
Address: _____
Loan Officer Name: _____
Email: _____ Phone: _____
Processor Name: _____
Email: _____ Phone: _____

MORTGAGE BROKER (if applicable)**:**
Company: _____
Address: _____
Loan Officer Name: _____
Email: _____ Phone: _____
Processor Name: _____
Email: _____ Phone: _____

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 ☐

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 1:
Name: _____
SS#: _____ Phone: _____
Email: _____

SELLER 2:
Name: _____
SS#: _____ Phone: _____
Email: _____

LISTING BROKER:
Company: _____
Real Estate Agent: _____
Email: _____ Phone: _____

ATTORNEY INFORMATION:
Company: _____
Attorney Name: _____
Email: _____ Phone: _____

BUYERS TITLE COMPANY INFORMATION (if applicable)**:**

Company: _____ Contact: _____
Email: _____ Phone: _____

Is either Seller 62 years of age or older: Yes ☐ No ☐

Married: Yes ☐ No ☐ Date of Marriage: _____ Maiden name of Spouse: _____

Widowed: Yes ☐ No ☐ *If former spouse is deceased, provide a copy of the death certificate*

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: _____

PAYOFFS (Please check all that apply):

☐ **FIRST MORTGAGE:**
Company: _____
Acct #: _____ Phone: _____

☐ **EQUITY LINE:**
Company: _____
Acct #: _____ Phone: _____

☐ **SECOND MORTGAGE:**
Company: _____
Acct #: _____ Phone: _____

☐ **SOLAR PANELS:**
Company: _____
Acct #: _____ Phone: _____

Seller 1 Signature: _____ Seller 2 Signature: _____