



# Refinance Order Form

TRINITY TITLE OF TEXAS

Escrow Officer: \_\_\_\_\_ Marketing Rep: \_\_\_\_\_

**Office Phone Numbers**

Shavano/Corp 210.496.2223  
La Arcata 210.496.0002  
Bandera Trails 210.372.1490

**Fax Phone Numbers**

Shavano/Corp 210.496.2228  
La Arcata 210.496.3369  
Bandera Trails 210.372.1485

Ordered By: Company: \_\_\_\_\_ Loan Officer: \_\_\_\_\_

Processor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Borrower \_\_\_\_\_ Phone# \_\_\_\_\_ SS# \_\_\_\_\_

Borrower \_\_\_\_\_ Phone# \_\_\_\_\_ SS# \_\_\_\_\_

Address of Property \_\_\_\_\_ County \_\_\_\_\_

Legal Description \_\_\_\_\_

( ) Non Cash Out Refinance

( ) Cash Out Refinance

1st Lien Lender \_\_\_\_\_ Phone# \_\_\_\_\_

Estimated Payoff of 1st Lien \_\_\_\_\_ Loan# \_\_\_\_\_

2nd Lien Lender \_\_\_\_\_ Phone# \_\_\_\_\_

Estimated Payoff of 2nd Lien \_\_\_\_\_ Loan# \_\_\_\_\_

Type of Lien:      FIX              ARM              Interest Only              Other

Do you order payoffs?              Yes              No

New Loan Amount \$ \_\_\_\_\_ Expected Closing Date \_\_\_\_\_

Do you have an existing survey?    Yes    No    *If no, who orders a new one?*    Title Co.    Lender

HOA?      Yes              No      Texas Home Equity:              Yes              No

Principal Residence:    Yes              No      Vesting Changed Since Purchase:    Yes              No

Homeowner's Insurance: Agent name: \_\_\_\_\_ Phone # \_\_\_\_\_

Termite Required?              Yes              No

Comments/Request: \_\_\_\_\_

\_\_\_\_\_