

PURCHASE APPLICATION FORM

Applicant Type: Buyer Only Seller Only Dual Agency

Applicant Name: _____

Email: _____ Phone: _____

Surety Branch Office: _____
 Surety Representative:
John Maret
 C: (609) 605-9230
 O: (800) 908-4853 Ext. 1036
 jmaret@mysurety.com
 mysurety.com/johnmaret

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):

<input type="checkbox"/> FIRST MORTGAGE: Company: _____ Acct #: _____ Phone: _____ <input type="checkbox"/> SECOND MORTGAGE: Company: _____ Acct #: _____ Phone: _____	<input type="checkbox"/> EQUITY LINE: Company: _____ Acct #: _____ Phone: _____ <input type="checkbox"/> SOLAR PANELS: Company: _____ Acct #: _____ Phone: _____
---	---

Seller 1 Signature: _____ Seller 2 Signature: _____