

REO APPLICATION FORM

Surety Foreclosure Division

11 Eves Drive, Suite 150 Martion, NJ 08053 1(800)90-TITLE foreclosure@mysurety.com foreclosure.mysurety.com

Today's Date: _ Property Addre	 SS:	Desired Closing Date:		
City:	State:	Municipality:	County:	
Sales Price: \$		Mortgage Amount: \$		
Block:	Lot:	Deed Book:	Page:	
Current Owner/Seller of Record:				

Current Owner/Seller o	f Record:			
DUVED IN				
BUYER INF	ORMATION			
BUYER 1:	BUYER 2:			
Name:	Name:			
SS#:	SS#: Phone:			
Email:	Email:			
SELLING BROKER:	BUYER ATTORNEY:			
Company:	Company:			
Real Estate Agent:	Attorney Name:			
Email: Phone:	Email: Phone:			
MORTGAGEE/LENDER:	MORTGAGE BROKER (if applicable):			
Company:	Company:			
Address:	Address:			
Loan Officer Name:	Loan Officer Name:			
Email: Phone:	Email: Phone:			
Processor Name:	Processor Name:			
Email: Phone:	Email: Phone:			
SELLER CONTACT INFORMATION				
SELLER: Company:	Contact Person:			
	Email:			
	Phone:			
Foreclosed Owner if Applicable:				
LISTING BROKER:	SELLER ATTORNEY:			
Company:	Company:			
Real Estate Agent:	Attorney Name:			
Email: Phone:	Email: Phone:			
ORDER AUT	HORIZED BY			
Company:	Contact:			
Phone: Email:				
I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING (Please Check): Title Insurance (Post Sale Policy) Purchase (Attach Contract) REO Purchase (Attach Contract) Financing/HELOC: Amount: \$ Loan #:				
SPECIAL INSTRUCTIONS/ COMMENTS:				