



Please email your order to us @ [greaterindianaorders@gitc.com](mailto:greaterindianaorders@gitc.com)

8700 Broadway, Suite B, Merrillville, IN 46410 Phone: 219-641-6300 Fax: 219-641-6399  
150 W. Lincolnway, Suite 3004, Valparaiso, IN 46383 Phone: 219-465-7559 Fax: 219-465-7581  
9301 Calumet Avenue, Suite 2F, Munster, IN 46321 (appointment only)  
6039 Robbins Road, Portage, IN 46368 (appointment only)  
833 West Lincoln Hwy. Suite LL 30W, Schererville, IN 46375 (appointment only)

**New Order Form:**

Ordered by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_

Type of Transaction: \_\_\_\_\_ Sales Price: \$ \_\_\_\_\_

Property Tax ID #(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

Prior Title? Yes No Attached? Yes No

Special Requests/Additional Information: \_\_\_\_\_

Lender Name: \_\_\_\_\_ or Cash Transaction

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Mortgage Clause Information: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Borrower Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_

Loan #: \_\_\_\_\_ Loan Type: \_\_\_\_\_

Required Endorsements: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Selling Agent Office: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Listing Agent Office: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_



Thank you for choosing \_\_\_\_\_ as your title services provider.