



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

8700 Broadway, Suite B, Merrillville, IN 46410, p. 219.641.6300,f 219.641.6399  
150 W Lincolnway, Suite 3004, Valparaiso, IN 46383, p. 219.465. 7559,f 219.465. 7581  
833 W Lincoln HWY, Suite 300W, Schererville, IN 46375, p. 219.440. 7669,f 219.440. 7699  
2901 Carlson Drive, Suite 324, Hammond, IN 46323, p. 219.641.6300,f 219.641.6399 (appointment only)

New Order Form:

Ordered by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_  
Type of Transaction: \_\_\_\_\_ Sales Price: \$ \_\_\_\_\_  
Property Tax ID #(s): \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Currnet Owner(s): \_\_\_\_\_  
Prior Title?    Yes    No    Attached?    Yes    No  
Special Requests/Additional Information: \_\_\_\_\_

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Lender Name: \_\_\_\_\_ or    Cash Transaction  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mortgage Clause Infomation: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Borrower Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_  
Loan # : \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Required Endorsements: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

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Selling Agent Office: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

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Listing Agent Office: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

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

