



LAMBERT ABSTRACT COMPANY

Fax completed application to 812.663.3560



CONTACT INFORMATION

Your Name _____

Company Name _____

Email Address _____

Phone Number (____) _____ - _____

Fax Number (____) _____ - _____



BORROWER / BUYER INFORMATION

Name of Borrower _____ SSN _____

Name of Co-Borrower _____ SSN _____

Street Address _____

City _____

State _____

Zip Code _____

Phone Number (Home) (____) _____ - _____

Phone Number (Work) (____) _____ - _____

Phone Number (Cell) (____) _____ - _____

Occupancy Status _____

Loan Purpose _____

Sales Price \$ _____ (Not applicable on refinance loans)

Loan Amount \$ _____



SELLER INFORMATION

Seller's Name _____

Street Address _____

City _____

State _____

Zip Code _____

Phone Number (Home) (____) ____ - _____

Phone Number (Work) (____) ____ - _____

Phone Number (Cell) (____) ____ - _____



PROPERTY INFORMATION

Full Street Address _____

City _____

State _____

Zip Code _____

County _____

Legal Description Lot : _____ Block : _____

Full Legal _____

Estimated Closing Date ____/____/____

Special Instructions _____

Home Type _____



MISCELLANEOUS INFORMATION

Comments _____