

## **REO APPLICATION FORM**

S	SU	RE	<b>TY</b>
	RESIDENTIAL	COMMERCIAL	FORECLOSURE

Surety Foreclosure Division Surety Representative:	Today's Date: Property Addres		esired Closing Date:	
<b>Michael Ryan</b> C: (609) 828-4848 O: (800) 908-4853 Ext. 1165	City: Sales Price: \$	State:	Municipality: Mortgage Amoun	County:
mryan@mysurety.com mysurety.com/michaelryan	Block: Current Owner/	Lot: Seller of Recor	Deed Book: _ d:	Page:

## **BUYER INFORMATION**

BUYER 1:	BUYER 2:				
Name:	Name:				
Name:	SS#: Phone:				
SS#:	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 CONTAC	CT INFORMATION				
SELLER: Company:	Contact Person:				
	Email:				
Foreclosed Owner if Applicable:					
LISTING BROKER:	SELLER ATTORNEY:				
Company:	Company:				
Real Estate Agent:	Attorney Name:				
Email: Phone:	Email:				
ORDER AUTHORIZED BY					
Company:	Contact:				
	Client Case/Reference#:				
I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING (Please Check):					
I/WE HEREBY AUTHORIZE YOU TO O	RDER THE FOLLOWING (Please Check):				
Title Insurance (Post Sale Policy) 🔲 Purchase (A	ttach Contract)				
Title Insurance (Post Sale Policy) 🔲 Purchase (A					
Title Insurance (Post Sale Policy) Purchase (A REO Purchase (Attach Contract) Financing/H	ttach Contract)				
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