



3918 Transit Avenue, Sioux City, Iowa 51106  
Phone: (712) 276-4891 Fax: (712) 276-1152  
Email: JodieB@newwayescrow.com  
Website: www.newwayescrow.com

Order From: (Name, address, phone, fax and email) \_\_\_\_\_

Closing Date: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

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

Legal Description: \_\_\_\_\_

Will this be an owner occupied home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Buyers Name: (1) \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
SSN: \_\_\_\_\_

Spouses Name: \_\_\_\_\_  
SSN: \_\_\_\_\_

Buyers Name: (2) \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
SSN: \_\_\_\_\_

Spouses Name: \_\_\_\_\_  
SSN: \_\_\_\_\_

Phones Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Attorney for title opinion/guaranty: \_\_\_\_\_ Abstractor Preference: \_\_\_\_\_

Title Company for title insurance: \_\_\_\_\_

Termite Inspection Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Termite Inspector Requested: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan Officer Name & Contact Number or Email: \_\_\_\_\_

Address for lender: \_\_\_\_\_

Payoff Mortgage: \_\_\_\_\_ Loan #: \_\_\_\_\_

Payoff Mortgage: \_\_\_\_\_ Loan #: \_\_\_\_\_

*If you would like NewWay Escrow to order pay-offs for your customer, please include authorization with your order.*

Additional Request: \_\_\_\_\_

\*\*\*If "For Sale By Owner" purchase; please send purchase agreement with your order\*\*\*

**WE THANK YOU FOR YOUR BUSINESS!**