



# ORDER FORM

4590 MacArthur Blvd., Suite 210  
 Newport Beach, CA 92660  
 Phone: (949) 798-1180 Fax: (949) 798-1190

## Tax Deed Investor / Client Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Phone # \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Fax # \_\_\_\_\_ City \_\_\_\_\_  
 Email \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 How Did You Hear About Us?  Mail Brochure  Internet Ad  Internet Search  Conference  
 Referral or Title Co \_\_\_\_\_ (enter name)  Other \_\_\_\_\_

## Property Information

## Title Agent/Attorney

Property Address _____ Property City _____ County _____ State , Zip _____ Assessor Parcel # _____  Property Owned By (Exact Name on Tax Deed) _____  Prior Owner Name _____  "As Is" Market Value _____	Agent Name _____ Email _____ Phone _____ Address _____ City _____ State, Zip _____
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## Additional Information

**(Please answer ALL questions and provide detail for questions answered "Yes" in comments section below)**

Is the Property Currently Occupied? (If Yes, Indicate who occupies in comments)	Yes / No
Is the Property Currently Being Renovated or Repaired?	Yes / No
Has the Property been Secured and Locked?	Yes / No
If the Property is Vacant Land, is it Fenced and Maintained?	Yes / No
Are you Aware of Any Legal Action or Threat of Legal Action Regarding the Validity of the Tax Sale or Ownership of the Property?	Yes / No
Is the Property Currently Under Contract? (if yes, please include a copy of the contract)	Yes / No
Comments	

**Please read and initial the following statements regarding your tax deed.**

Initials

	By submitting this order and non-refundable deposit, I agree to pay the balance of the certification fee within 30 days of successful completion of the order and is not contingent upon the sale or refinancing of the Property. I authorize Tax Title Services, Inc to automatically deduct the balance due from my credit card, if given, upon completion.
	I confirm that no person or entity has notified the Client / Tax Deed Owner, or any representatives of the Client / Tax Deed Owner, of any claim or potential claim which could result in a loss to Tax Title Service, Inc. and its program title underwriters/agents.
	I understand that Tax Title Services, Inc. reserves the right to void and/or withhold the issuance of the certification without refund of the deposit in the event litigation regarding the validity of the tax deed or property ownership is threatened or filed, or if the disclosure of any additional adverse information which increases the risk of challenge to the Property by an affected party.
	I confirm that the occupancy or vacancy of the property detailed on page one of this Order Form is accurate and that Tax Title Services, Inc will be notified immediately of any changes to said occupancy.

Upon receipt of this order form and your \$750 deposit, we will begin to process your order. Most orders take 45-60 days to complete unless Rush Service is requested. The Tax Title Certification is an in-house underwriting qualification process only and is not an insurance product. It qualifies a tax deed property for title insurance thru our program title underwriters who recognize your tax title.

**Pricing**

<b>All States Except CA, WA, NV and SC</b>	<b>CA, WA, NV and SC</b>
<b>\$1,950</b>	<b>\$2,150</b>
<b>Properties Requiring Coverage above \$200,000</b>	
<b>\$750 Down Payment plus 1% of the Liability Coverage Amount</b>	
<b>Rush Service (30 days or less)</b>	<b>Additional \$400 Fee Upfront</b>

PLEASE SUBMIT THIS FORM ALONG WITH YOUR \$750 DEPOSIT (PLUS \$400 FOR RUSH SERVICE) TO:

Tax Title Services, Inc  
 4590 MacArthur Blvd, Suite 210  
 Newport Beach, CA 92660

Fax or Email to [bcarruthers@taxtitleservices.com](mailto:bcarruthers@taxtitleservices.com) / 949-798-1190 Along With Credit Card Authorization

**MAKE ALL CHECKS PAYABLE TO: Tax Title Services, Inc**

By signing below, the Signor confirms and is declaring as to the truth of the above statements and that the signor or signor on behalf of the tax deed purchaser or subsequent transferee are in actual secure possession and ownership of the property.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title (if applicable):** \_\_\_\_\_

# TAX TITLE SERVICES, INC.

4590 MacArthur Boulevard, Suite 210, Newport Beach, CA 92660  
(949) 798-1180; Fax (949) 798-1190

[www.taxtitleservices.com](http://www.taxtitleservices.com)  
[support@taxtitleservices.com](mailto:support@taxtitleservices.com)

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Tax Title Services, Inc. to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize Tax Title Services, Inc. to charge my credit card for the amount \$ \_\_\_\_\_.

This payment is for ORDER # \_\_\_\_\_ OR Property Address/APN# \_\_\_\_\_.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

## Fax (949) 798-1190

[support@taxtitleservices.com](mailto:support@taxtitleservices.com)