



## ORDER FORM

2860 Michelle Dr., Suite 220  
Irvine, CA 92606  
Phone: (949) 798-1180 Fax: (949) 798-1190

**PRINT FORM**

### Tax Deed Investor / Client Contact Information

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

### Property Information

Property Address \_\_\_\_\_  
Property City \_\_\_\_\_  
County \_\_\_\_\_  
State , Zip \_\_\_\_\_  
Assessor Parcel # \_\_\_\_\_

### Title Agent/Attorney

Name/Company \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_

Property Owned By  
(Exact Name on Tax Deed) \_\_\_\_\_  
Prior Owner Name \_\_\_\_\_  
"As Is" Market Value \_\_\_\_\_

### 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)  
**Is the Property Currently Being Renovated or Repaired?**  
**Has the Property been Secured and Locked?**  
**Is the property Vacant Land? If yes, is it Fenced or being Maintained? Please describe.**

Yes / No  
Yes / No  
Yes / No  
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  
Yes / No

**Is the Property Currently Under Contract?** (if yes, please include a copy of the contract)

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 <b>UPON RECEIPT</b> of successful completion of the order and is not contingent upon the sale or refinancing of the Property.                                                                                                                                                                    |
|          | 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 or harm to title which could result in a loss to either Tax Title Service, Inc. and/or 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.                                                                                                                                                                                               |

☐ Optional Rush Services (\$400)

Upon receipt of this order form and your \$750 non-refundable deposit, we will begin the certification process. Most orders take 30-45 days to complete (usually less than 30 days on "Rush" order requests). 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 through our program title underwriters who agree to insure your transaction. There is a cancellation fee of \$250.00 if canceled for any reason.

### Pricing

AR, AZ, CO, FL, IN, KS, MD, MI, MT, NC, NE, OH, PA, RI, TN, VA, VT, WI, WV, WY

**\$ 1,950**

CA, DE, \*GA, HI, ID, LA, MA, ME, MO, NH, NJ, NV, OR, SC, TX, WA

*\*Client To Provide Noticing/Barment Upon Requesting Georgia Certification*

**\$ 2,150**

**\*\*AL, MS, NY**

*\*\*Client To Confirm 3 Years of Possession Upon Requesting Alabama Certification*

**\$ 2,450**

CONTACT OUR OFFICE FOR LOW VALUE VACANT LAND PRICING AND PROMOTIONS

**Properties Requiring Coverage above \$200,000**

**1% of the Liability Coverage Amount**

**Rush Service (30 days or less)**

**Additional \$400 Fee Upfront**

PLEASE SUBMIT THIS FORM ALONG WITH TAX DEED AND \$750 DEPOSIT (PLUS OPTIONAL \$400 FOR RUSH SERVICE) TO:

Tax Title Services, Inc

2860 Michelle Dr., Suite 220

Irvine, CA 92606

Fax or Email to support@taxtitleservices.com / 949-798-1190 along With Credit Card Authorization

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

By signing below, the Signer confirms and is declaring as to the truth of the above statements and that the signer or signer 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.

2860 Michelle Dr., Suite 220, Irvine, CA 92606

Phone (949) 798-1180; Fax (949) 798-1190

[www.taxtitleservices.com](http://www.taxtitleservices.com)

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

## Credit Card ACH Payment Authorization Form

I authorize Tax Title Services, Inc. to charge my credit card or bank account in the amount of \$.

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

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

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

Promo Code \_\_\_\_\_

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover \*Subject to \$25 Convenience Fee

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

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

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

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

### EeCheck / ACH

Account Type: ☐ Savings ☐ Checking

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

Routing Number \_\_\_\_\_

Account Holder Name \_\_\_\_\_

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.

**Email: [support@taxtitleservices.com](mailto:support@taxtitleservices.com)**  
**Fax: (949) 798-1190**