

LEASEHOLD DISCLOSURE ORDER FORM

Ordered By: _____

Company Name: _____

Address: _____

Phone & Fax No.: Ph: () - Fax: () - Other: () - _____

Subject Property Info:

Owner(s) of Record: _____

Property Address: _____

Tax Map Key: () / / / / / _____ CPR: _____

Project Name: _____ Unit: _____

Method of Delivery:

Pick up at Title Guaranty Escrow's Branch located at:

Oahu:	_____	Main	_____	Kailua	_____	Kahala	_____	King Street
	_____	Pearlridge	_____	Waipahu	_____	Mililani	_____	Hawaii Kai
Maui:	_____	Wailuku	_____	Lahaina	_____	Kihei	_____	Kahului
	_____	Paia						
Hawaii:	_____	Hilo	_____	Kamuela	_____	Kona	_____	Keahou
Kauai:	_____	Lihue	_____	Princeville	_____	Koloa		

Method of Payment: VISA: _____ EXP DATE: _____

MC: _____ EXP DATE: _____

CARD HOLDER: _____

CHECK: _____