

FILE #: _____

CLOSING DATE: _____

PROPERTY ADDRESS: _____

SELLERS	BUYER
NAME(S): _____ _____ SS NUMBER(S): _____ _____ MARITAL STATUS: _____ ADDRESS: _____ _____ CITY/STATE/ZIP: _____ PHONE: _____ MAIL-AWAY: YES ___ NO___	NAME(S): _____ _____ MARITAL STATUS: _____ ADDRESS: _____ _____ CITY/STATE/ZIP: _____ PHONE: _____ MAIL-AWAY: YES ___ NO___
PAYOFF INFORMATION	NEW FINANCING \$ _____
1 ST MTG HOLDER: _____ ACCOUNT #: _____ PHONE #: _____ 2 ND MTG HOLDER: _____ ACCOUNT #: _____ PHONE #: _____	LENDER: _____ (circle one) FHA VA CONV ADDRESS: _____ _____ PHONE #: _____ FAX #: _____ CONTACT PERSON: _____
HOME WARRANTY: YES ___ NO___ COMPANY: _____ AMOUNT: \$ _____ PAID BY?: B ___ S ___	TITLE COMPANY TO ORDER? TERMITE: YES ___ NO ___ SURVEY: YES ___ NO___
HOMEOWNER'S ASSOC: YES ___ NO___ MANAGEMENT COMP: _____ CONTACT: _____ PHONE #: _____ FAX #: _____	HAZARD INSURANCE: COMPANY: _____ PREMIUM: \$ _____ POC?: YES ___ NO___ PHONE #: _____ FAX #: _____
LISTING OFFICE: _____ AGENT: _____ PHONE #: _____ FAX #: _____ COMMISSION: _____	SELLING OFFICE: _____ AGENT: _____ PHONE #: _____ FAX #: _____ COMMISSION: _____