Closing Information Transmittal (Please attach a copy of the sales contract)

Please Type or Print

Date:	Closing Dated Requested:		
Buyer(s) Legal Name: Buyer(s) Phone #:	Buyer(s)	Work #:	
Seller(s) Name: Seller(s) Phone #:	Se	ller(S) Work #:	
Property Address:		-	
Legal Description:			
			- 1 - 1 - 1
Buyer's Loan Company and	d Contact Person:_		
Seller's Existing Mortage(s) Address and Phone Number Loan #:) Holder: er:		
Seller's Additional Mortage(Address and Phone #: Loan #:			
Any Known Title Problems:			
Is Property on a County Ro	ad or City Street?		
Termite Certificate Informat	ion:		
Abstract/Priop Title Policy I	nformation:		
Mortgage Policy: Yes/No	-		
Buyer's Insurance Agent &			
Survey Ordered From:			
Commission Rate:	Amount To Other Broker:		
Buyer(s) Will:	Will Not:	Be at the C	Closing.
Seller(s) Will:	Will Not:	Be at the C	Closing.
If Not, Please Provide Buye Express:			ederal
Power of Attorney Informati			
Other Pertinent Information			
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Please Attach copy of Offer and Acceptance.