

TRANSACTION COVER SHEET

BUYER'S BROKER INFORMATION

Agent Name: _____ Agent ID#: _____
Email: _____
Phone: _____ Fax: _____ Cell: _____
Firm Name: _____ Office ID#: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

BUYER/TENANT ONE INFORMATION

Buyer 1 Name: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____ Fax: _____
Email: _____ Cell: _____

BUYER/TENANT TWO INFORMATION

Buyer 2 Name: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____ Fax: _____
Email: _____ Cell: _____

ESCROW/TITLE INFORMATION

Company Name: _____ Escrow Officer: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____ Fax: _____
Email: _____ Cell: _____
Escrow #: _____ Acceptance Date: _____ COE Date: _____
Possess./Occup. Date: _____ Purchase Price: \$ _____ Deposit Amount: \$ _____
Additional Deposits: \$ _____ Total Amount Financed: \$ _____

HOA INFORMATION

Management Co.: _____ Contact: _____
Email: _____ Phone: _____
Dues: \$ M Q S A A Fax: _____ Cell: _____
Additional Comments: _____

SECONDARY MANAGEMENT COMPANY

Management Co.: _____ Contact: _____
Email: _____ Phone: _____
Dues: \$ M Q S A A Fax: _____ Cell: _____
Additional Comments: _____

TRANSACTION COVER SHEET

BUYER'S LENDER INFORMATION

Company Name:
Street Address:
City: State: Zip Code:
Loan Originator's Name: Phone:
Email: Fax: Cell:
Mortgage Type: Conventional FHA FMHA VA Other:
1st Loan Amount: \$ Interest Rate: Term:
2nd Loan Amount: \$ Interest Rate: Term:

APPRAISAL INFORMATION

Company Name: Date of Appraisal:
Appraiser's Name: Phone:
Email: Fax: Cell:

HOME INSPECTION INFORMATION

Company Name: Date of Inspection:
Street Address:
City: State: Zip Code:
Inspector's Name: Phone:
Email: Fax: Cell:

WOOD INFESTATION INFORMATION

Company Name: Date of Inspection:
Street Address:
City: State: Zip Code:
Inspector's Name: Phone:
Email: Fax: Cell:

HOME WARRANTY INFORMATION

Company Name:
Representative's Name: Phone:
Email: Fax: Cell:
Web: Type of Coverage:
Optional Coverage paid by: Seller Buyer
Service Amount: \$ Contribution Amount: \$

INSURANCE INFORMATION

Company Name:
Agent's Name: Phone:
Email: Fax: Cell:
Web: Type of Coverage: