

THIS FORM MUST ACCOMPANY ALL CONTRACTS.

Contract & Closing Coordination

Contract Date _____

Projected Closing Date _____

Property Address _____ (Zip _____)

SELLER INFORMATION
Seller Name _____
Street Address _____
City, State, Zip _____
Phone 1 _____
Phone 2 _____
Fax _____
Email _____
Listing Agent(s) _____
Initial Source of Seller? _____

BUYER INFORMATION
Buyer Name _____
Street Address _____
City, State, Zip _____
Phone 1 _____
Phone 2 _____
Fax _____
Email _____
Selling Agent(s) _____
Initial Source of Buyer? _____

EARNEST MONEY AND COMMISSION:
Earnest Money \$ _____ Held By _____
Sales Price \$ _____ Com. % _____ Total Com.\$ _____
Listing Com.% _____ Listing Com. \$ _____ Selling Com.% _____ Selling Com. \$ _____

RELOCATION, REFERRAL OR OTHER SPECIAL FEES:
Referral Fee: _____ % of Applicable Commission. (Check One) Listing Side ___ Selling Side ___
Referring Company: _____ Contact Person: _____
Mailing Address: _____
Phone: _____ Fax: _____ Email: _____

CONCESSIONS: YES NO AMT:
TERMS OF SALE: ASSUMPTION CASH CON/VAR CONV FHA
OWNER FINANCE RURAL DEVELOPMNT VA OTHER

- REMINDERS**
- ___ Agency Forms
 - ___ Lead-based Paint Addendum
 - ___ Home Inspection Offered
 - ___ Home Warranty Offered
 - ___ Termite Inspection Recommended
 - ___ Septic Tank Inspection Recommended
 - ___ TMR Addendum Complete

- AFFILIATED PROFESSIONALS**
- Attorney _____
 - Lender _____
 - Title Co. _____
 - Termite Co. _____
 - Home Inspection Co. _____
 - Home Warranty Co. _____

Agent completing this form _____ Date _____