

Transaction Contact Page

Property Address: _____
Contract Date: _____ Acceptance Date: _____
Sales Price \$ _____ Estimated Closing Date _____
10K Program? Yes / No Homeowners Assoc.? Yes / No

Seller _____
Ph: _____ Work: _____ Other: _____
Email: _____

Buyer _____
Address: _____
Ph: _____ Work: _____ Other: _____
Email: _____

Listing Agent: _____ **Company:** _____
Address: _____
Work Ph: _____ Home: _____ Other: _____
Email: _____ Fax: _____
Listing Office Commission _____ Transaction Fee: _____

Selling Agent _____ **Company:** _____
Address: _____
Work Ph: _____ Home: _____ Other: _____
Email: _____ Fax: _____
Selling Office Commission _____ Transaction Fee: _____

Valleywide Escrow - _____ **Escrow Officer:** _____
Address: _____
Esc # _____ Phone: _____ Fax: _____
Email: _____

Title Company _____
Phone: _____ Fax: _____ Email: _____

Lender: _____ **Company:** _____
Address: _____
Ph: _____ Work: _____ Other: _____
Email: _____

Home Warranty Company _____ **Policy #** _____
Seller's Coverage? Yes / No **Optional Coverage's** _____

NHD Co.: _____ **Report to Include:** Tax Data / Clue Report / Envir
Pest Control Co. _____