



Instructions to Closing Agent

Property Address: _____

Seller Name: _____ Home#: _____
Address: _____ Other#: _____

Buyer Name: _____ Home#: _____
_____ Other#: _____

Seller Mortgage Company: _____ Phone#: _____
Account#: _____

Buyer Mortgage Company: _____
Loan Processor: _____
Phone#: _____ Fax#: _____

Title Company: _____ Contact Name: _____
Phone#: _____ Fax#: _____

Listing Office: _____ Agent: _____
Phone#: _____ Fax#: _____
Cell Phone#: _____

Selling Office: _____ Agent: _____
Phone#: _____ Fax#: _____
Cell Phone#: _____

Termite Co: _____ Homeowners Assoc.: _____
Phone#: _____ Contact Name: _____
Title Co to Order?: Yes / No Phone#: _____ Amt: \$ _____
Date Scheduled: _____ Paid: ___ Monthly ___ Quarterly ___ Semi ___ Annually

Survey Co: _____ Buyer Ins Co: _____
Phone#: _____ Contact Name: _____
Title Co to Order? Yes / No Phone#: _____ Amt: \$ _____
Date Scheduled: _____ Paid: _____

Building Inspector: _____ Home Warranty: _____
Phone#: _____ Policy#: _____
Pre-Paid: Yes / No Amt: \$ _____ Phone#: _____ Amt: \$ _____
Date Scheduled: _____ Paid By: _____

Purchase Price: \$ _____ Repairs Required: _____
Commission to Listing Agent: _____ % Repair Co: _____
Commission to Selling Agent: _____ % Phone#: _____
Re-Inspection Ordered: Yes / No