



Open Escrow Form

Your E-mail: _____

Date Escrow Opened: _____ Estimate Escrow Days: _____ APN#: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Purchase Price: _____ Amount Of Initial Deposit: _____

SELLERS INFORMATION

Name: _____

E-Mail: _____

Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

Alt. Phone Number: _____

BUYERS INFORMATION

Name: _____

E-Mail: _____

Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

Alt. Phone Number: _____

LISTING OFFICE INFORMATION

Agent: _____

E-Mail: _____

Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

Commission %: _____

SELLING OFFICE INFORMATION

Agent: _____

E-Mail: _____

Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

Commission %: _____

Home Warranty: Yes___ No___ Who Pays? _____

HOA Name: _____

Termite: Yes___ No___ Who Pays? _____

Mgmt. Co: _____

Hazard Disclosure: Yes___ No___ Who Pays? _____

Monthly Dues: _____

____Water Stock ____Sewer ____Septic Septic Certification? ____ Seller Pays Transfer Fee? ____

TITLE INFORMATION

Title Company Preferred: _____

Credit To: _____