NEW FILE INTAKE FORM

Effective Date:	Closing Date:			
Property Address:				
Buyer:				
Seller:				
_				
Your Name:				
Brokerage:				
Phone No.:				
Email:				
Transaction side (check box):	Buyer	Seller	Both	
Co-Op Agent Name:				
Co-Op Brokerage:				
Co-Op Phone No.:				
Co-Op E-Mail:				
Title Common				
Title Company: Address:				
Phone No.:	Eav No :			
<u>-</u>	Fax No.:			
Name of Closer: E-Mail Address:				
E-Mail Address:				
Lender:				
Phone No.:	Fax No.:			
Name of Loan Officer:				
E-Mail Address:				
HOA / Mgmt Office:				
Contact Name:				
Contact Phone No.:				
Contact Email Address:				
-				
Commission Amount:				
Bonus/Transaction Fee:				
Referral? Amount?				
Referring Brokerage Name:				
Referral Agent Name & Phone No.:				
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