CHANDLER & SCHIFFMAN, P.A.

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ASHLEY L. CAMPBELL, Esq.

CAMERON E. JOHANNESEN

**Date: 4/15/20**

**To:**

**From: Chandler & Schiffman, P.A.**

**Re:**

**BUYER SHEET**

**In order to ensure an expedient closing, please provide the following information and return immediately. Thank you for your assistance!**

**Buyers Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_**

## Buyers Marital Status: UNMARRIED MARRIED SEPARATED WIDOWED

## Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

**Home Owners Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_**

**Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_\_ Paid or Collect at Closing**

**Termite Report:** (if applicable)

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_\_\_ Paid or Collect at Closing

**Home Inspection:** (if applicable)

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_\_\_ Paid or Collect at Closing

**Survey:** (if applicable)

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_\_\_ Paid or Collect at Closing

**Well & Septic Report:** (if applicable)

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_\_\_ Paid or Collect at Closing

**Home Warranty:** (if applicable)

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_\_\_ Paid or Collect at Closing

## Miscellaneous Bills:

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_\_\_Paid or Collect at Closing

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_\_\_Paid or Collect at Closing

Flat Fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**♦♦Please send the termite report and all invoices to be paid at closing.♦♦**

**\*\*\*PLEASE RETURN THIS FORM BY EMAIL TO RECEP@CHANDLERANDSCHIFFMAN.COM**

**OR BY FAX TO 336-274-7030\*\*\***