

## **BUYER OPENING ESCROW INFORMATION SHEET**

\*\*SUBMIT COMPLETED FORM WITH <u>FULLY EX PURCHASE CONTRACT</u>, <u>ALL ITS ADDENDA</u>, & COOP TO  $\underline{\text{TC@RE-COORDINATORS.COM}}$ 

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR A SMOOTH & SUCCESSFUL CLOSING:

| NAME(S):                   |                                     |                            |        |
|----------------------------|-------------------------------------|----------------------------|--------|
| EMAIL(S):                  |                                     |                            |        |
| PHONE NUMBER(S):           |                                     |                            |        |
| CLIENT'S ADDRESS (If Mobil | le Notary is Required) :            |                            |        |
| CONSENT TO SEND ALL S      | GIGNATURES ELECTRONICALLY           | YES                        | NO     |
| TM HAS PERMISSION TO CO    | OMMUNICATE WITH CLIENT IN FOLLOWI   | NG METHODS:                |        |
| PHONE CALL                 | TEXT                                | NEITHER                    |        |
| *PLEASE NOTE MOST CON      | MMUNICATION WITH CLIENT WILL BE VIA | A EMAIL UNLESS OTHERWISE A | GREED* |
| PLEASE PROVIDE INFO (If A  | Applicable):                        |                            |        |
| LENDER INFORMATION         | <b>1</b> :                          |                            |        |
| NAME:                      |                                     |                            |        |
| COMPANY:                   |                                     |                            |        |
| HOME INSPECTOR:            |                                     |                            |        |
|                            |                                     |                            |        |
|                            |                                     |                            |        |
| TERMITE COMPANY:           |                                     |                            |        |
| NAME:                      |                                     |                            |        |
| COMPANY:                   |                                     |                            |        |
|                            | AGENT WILL DROP OFF                 | CLIENT WILL DROP OFF       |        |