



SELLER OPENING ESCROW INFORMATION SHEET

****SUBMIT COMPLETED FORM WITH FULLY EX PURCHASE CONTRACT, ALL ITS ADDENDA & LISTING AGREEMENT TO TC@RE-COORDINATORS.COM****

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

SELLER INFO:

NAME(S): _____

EMAIL(S): _____

PHONE NUMBER(S): _____

CLIENT'S ADDRESS (If out of State): _____

I CONSENT TO SEND ALL SIGNATURES ELECTRONICALLY ☐ YES ☐ NO

TM HAS PERMISSION TO COMMUNICATE WITH CLIENT IN FOLLOWING METHODS:

☐ PHONE CALL

☐ TEXT

☐ NEITHER

****PLEASE NOTE MOST COMMUNICATION WITH CLIENT WILL BE VIA EMAIL UNLESS OTHERWISE AGREED****

M1 CONDO DOCS WILL BE ORDERED BY: ☐ TM ☐ AGENT ☐ NOT APPLICABLE

IF TM, PLEASE ORDER DOCS BY: ☐ CARD ON FILE (AGENT TO BE REIMBURSED THROUGH ESCROW)

☐ OTHER CARD

☐ CONTACT CLIENT

SRPDS STATUS: ☐ WITH CLIENT ☐ WITH AGENT ☐ TM SEND TO CLIENT TO BE COMPLETED

K-2 SURVEY COMPANY (if Applicable): _____

ENTRY INSTRUCTIONS:

ANY OTHER SPECIAL INSTRUCTIONS REGARDING THIS TRANSACTION AND OR CLIENT:
