



COLLEGE ESCROW, INC.

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"The Wise Choice"

ATTN: _____

(PRINT ESCROW OFFICER'S NAME)

DIRECT FAX (909)621-7525

PURCHASE / SALE INFORMATION

Please fax this sheet with the fully executed purchase contract.

OPENED BY:

Name/Company/Phone# _____

Property address : _____

Seller names: _____

Best Contact Phone #'s: _____

Seller Mailing Address (if other than prop): _____

Buyer names: _____

Best Contact Phone #'s: _____

Buyer Mailing Address: _____

Buyer to occupy property? _____ OR after close mail to: _____

Deposit \$ _____

Sales price \$ _____

Close date: _____

Lender Name/Contact: _____ Phone # _____

Costs (please check): _____ Customary OR
specific cost allocation _____

Hazard disclosure cost paid by () Seller OR () Buyer Company name _____

Termite inspection (if any) paid by _____ Work paid by _____

Home Protection plan (if any) paid by _____ options to cover _____

Special inspections, if any, for the transaction? _____ Paid by? _____

Title Insurance Company _____ Representative to credit _____

HOA (if any): _____ Phone # _____ Dues \$ _____

Home warranty (if any) paid by _____ issued by _____

Buyer's sale contingency and name of sale escrow/phone # (if any) _____

Buyer 1031, if any, and name/phone # of accommodator _____

Seller purchase contingency and name of purchase escrow/phone # (if any) _____

Seller 1031, if any, and name/phone # of accommodator _____

Any other contract information or specific information needed for this transaction? _____

Listing Agent name/phone # _____

Referral Fee/Commission: _____

Selling Agent name/phone # _____

Referral Fee/Commission: _____

AND MOST IMPORTANTLY - THANK YOU FOR THE TRANSACTION