

ESCROW CLOSE / TERMS
Costs To Be Paid Through Escrow

Client: _____
FAX From: _____
Agent/Broker _____
RE: Property Address _____

Escrow/Transaction # _____
FAX TO: _____
Title Company _____
Officer _____

SALES PRICE: _____
LOAN AMOUNT: _____
CLOSE OF ESCROW DATE: _____
PRO-RATIONS: Normal ___ None ___

CLOSING COSTS: Normal ___ or

Seller to Pay ___; Buyer to Pay ___

NON-RECURRING CLOSING COSTS:

Normal ___ or
Seller to Pay ___; Buyer to Pay ___

RENTS/SECURITY DEPOSITS

TERMITE / INSPECTIONS:

Work/Credit \$ _____ Or AS-IS _____
Inspection Fee \$ _____
Other _____

HOME WARRANTY:

Company _____
Cost \$ _____
Paid by Buyer ___ or Seller _____

FIRE/HAZARD INSURANCE

Company _____
Agent Name _____
Phone No. _____ Fax _____

HOMEOWNERS ASSOCIATION:

Name: _____
HOA Contact/Manager: _____
Phone No.: _____

COMMISSION:

___% (\$ _____) to Buyer Broker
Other/Referral:

___% (\$ _____) to Seller Broker
Other/Referral:

Seller's funds to be transferred to:

Seller's instructions needed by: _____

Buyer to take TITLE as: _____

Buyer instructions needed by: _____

LOCAL REQUIREMENTS (e.g. retrofit,
sewer)

CITY/COUNTY TRANSFER TAX PAID BY:

OTHER FEES PAID BY:

ADDITIONAL INFORMATION:

Prepared By:

LISTING AGENT _____ or
SELLING AGENT _____ (check one)

Broker _____

Agent Signature _____

Date _____