



FRICKTRENT PLLC
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To: _____ Fax/Email: _____

FrickTrent, PLLC will handle the _____ closing. In an effort to effectively manage this file, please provide the following information as soon as possible and return to BONNIE at 803-329-7760 or 704-376-8181 . Thank you!

E-mail Address: _____

PURCHASER'S INFORMATION:

Purchaser's Name(s) to appear on Deed: _____

Purchaser's Social Security Number(s): _____

MORTGAGE LENDER:

Lender Name: _____

Lender Contact Name: _____

Lender Telephone No./e-mail: _____

HOMEOWNER'S INSURANCE:

Name of Insurance Co.: _____

HOI Agent's Name: _____

Agent's Phone Number: _____

BUYER'S AGENT INFORMATION:

Agent's Name: _____

Agent's Company: _____

Agent's Phone No.: _____

Agent's Commission on sale: _____

What is the Commission split: _____% Selling Agent _____% Listing Agent _____ Selling Bonus

Does Buyer want attorney to order Survey? YES or NO

Was termite inspection performed? YES or NO

If yes, please fax a copy of the Termite inspection AND invoice.

Please forward any invoices which are to be paid at closing with this information sheet.