

CONTRACT PROCESSING SHEET

Property Address _____

City _____ Zip code _____ Area _____ Map page _____

Do you need sign called in? _____ Have you called sign in yourself? _____

Date EMD turned in office _____ To Whom _____ Date put in DotLoop _____

Earnest Deposit \$ _____ EMD Held by _____

Listing Information: Ref. Agent/Fee _____
 Owner _____
 Address _____
 City, State, Zip _____
 HM PH _____ WK PH _____
 Cell PH _____ FAX _____
 Email _____
 Listing Source _____
 Referral: Yes ___ / No ___ Type _____
 Referral Agent _____ Company _____
 Preferred Client: Yes ___ / No ___

Sales Information: Ref. Agent/Fee _____
 Buyer _____
 Address _____
 City, State, Zip _____
 HM PH _____ WK PH _____
 Cell PH _____ FAX _____
 Email _____
 Source of Sale _____
 Referral: Yes ___ / No ___ Type _____
 Referral Agent _____ Company _____
 Preferred Client: Yes ___ / No ___

Listing Co. _____
 Address _____
 Other Contact Info _____
 Agent _____
 PH# _____ FAX _____
 Commission % or \$ _____

Selling Co. _____
 Address _____
 Other Contact Info _____
 Agent _____
 PH# _____ FAX _____
 Buyers Agent _____ PH _____
 Commission % or \$ _____

Seller Attorney _____
 Address _____
 PH# _____ FAX _____
 Processor Info. _____

Buyer Attorney _____
 Address _____
 PH# _____ FAX _____
 Processor Info. _____

MLS# _____ (copy to be turned in w/ file)
 List \$ _____
 Date Re-listed or Extended Listing: _____
 Sale \$ _____
 Appraisal \$ _____

Mortgage Co. _____
 Address _____
 Loan Officer _____ Type _____
 PH# _____ FAX _____

List Date _____
 Date Ratified _____ Date Pended _____

Listing Expiration Date _____
 Closing Date _____

Frank Carter sent a copy of Ratified Contract to all Parties: Via Email _____ Via Fax _____

Seller: ___ Buyer: ___ Office _____ Lender _____ Hadassah _____ Kim _____ Attorney _____ Other _____

HOA Packet Ordered: _____ HOA Delivered/Rec. Receipt signed by: _____

APPRAISAL ORDERED _____ APPRAISAL RECEIVED: _____ Appraisal Amt. _____

Survey Ordered: _____ By: _____ Home Owner Ins. Ordered: _____

Walk-Through Scheduled: _____ Keys Arranged _____ Closing Set: _____

Arrangement for Utilities Transferred: _____ Preliminary CD-1 Reviewed _____

Warranty Applicable: Yes ___ / No ___ (if yes) Type _____ Cost \$ _____

Who is Paying for Warranty _____ Who will call it in? _____

Warranty Confirmation # _____ Date when obtained report _____

Termite Inspection Applicable: Yes ___ / No ___ To be Scheduled by _____

Termite Co. _____ (Agent to complete if represents seller)

Scheduled: Date _____ Time _____ Date when obtained report _____

Well - Septic - Water Inspection Applicable: Yes ___ / No ___ To be Scheduled by _____

Well/Septic Co. _____ (Agent to complete if represents seller)

Water Co. (if different) _____ (Agent to complete if represents seller)

Scheduled: Date _____ Time _____ Date Copy of Report is received _____

Home Inspection Applicable: Yes ___ / No ___ (if yes) Co. Name _____

Scheduled: Date _____ Time _____ Date sent to Seller _____ Last day of Inspection Time _____

Contingencies: _____

Seller Concessions: _____ Items to Convey: _____