



CLOSING INSTRUCTIONS

PROPERTY ADDRESS: _____

AGENT NAME/AGENCY: _____

SALES PRICE \$: _____ SELLER CONCESSIONS: _____

EMD \$: _____ HELD BY: _____

CO-OP AGENT/AGENCY: _____

SPLIT TITLE: _____ FILE # IF KNOWN: _____

LENDER CONTACT INFO: _____

CLIENT NAME(S): _____

CURRENT ADDRESS: _____

CLIENT PHONE(S) : _____

E-MAIL(S): _____

VESTING REQUESTED: _____

ADDITIONAL NOTES: _____

COMMISSION: _____ ADMIN FEE \$ _____

REFERRAL to _____ in the amount of \$ _____

INVOICES:

FOR: _____ \$ _____ PD BY _____

FOR: _____ \$ _____ PD BY _____

FOR: _____ \$ _____ PD BY _____