



Seller's Information Sheet

9 Caledon Court, Suite A Greenville, SC 29615 P. 864.234.2901 F. 864.234.5490

Instructions:

The Seller's Agent should complete this form with the Seller(s). Please fax or e-mail this as soon as possible to the Sallé Law Firm: 864.234.5490 or support@sallelaw.com.

Property Address _____ Buyer's Last Name _____

Closing Date _____ Closing Time _____

SELLER(S): (1) _____ (2) _____

Post-close Address _____

Phone No. Home: _____ Fax: _____

Work: _____ Mobile: _____

E-Mail: _____

SSN or Tax ID (for 1099 & payoff): _____

PAYOFF INFO:

1st Mortgage:

Company _____ Account No. _____

Phone No. _____ Fax: _____

2nd Mortgage:

Company _____ Account No. _____

Phone No. _____ Fax: _____

Other Payoffs:

(if applicable)

LISTING AGENT INFO:

Name: _____ Company Name: _____

Phone No. Work: _____ Fax: _____

Mobile: _____ E-Mail: _____

REAL ESTATE COMMISSION:

Commission %: _____

Split _____ to _____
_____ to _____

Selling Agent _____

Listing Agent _____

Earnest money brought to closing? (Y/N) _____

HOME WARRANTY:

Amount _____ Issuing Company _____

TERMITE LETTER:

By: _____

Pay at closing: (Y/N) _____ Amount: _____

HOMEOWNERS/REGIME FEES:

Amount _____ Type of Year: _____ (Calendar or other fiscal Yr)

Date currently paid thru: _____

Person or Organization who collects the dues: _____

Phone No. for association contact: _____

SPECIAL NOTES OR INSTRUCTIONS: