

GENERAL INFORMATION

CTS office location*	Preferred closer*
<input type="text"/>	<input type="text"/>
Today's date*	Anticipated closing date*
<input type="text"/>	<input type="text"/>
Sales price*	Commission*
<input type="text"/>	<input type="text"/>

ORDERED BY

Company*		
<input type="text"/>		
Address*		
<input type="text"/>		
Phone number*	Fax number*	Email address*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Realtor*	Realtors' assistant	
<input type="text"/>	<input type="text"/>	

SELLER'S REALTOR Please provide the following and fax a copy of the Purchase Agreement to the CTS office.

Listing agent*	Phone number
<input type="text"/>	<input type="text"/>
Selling agent*	Phone number
<input type="text"/>	<input type="text"/>

SELLER(S)

Last name*	First name*	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone*	Fax number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone	Fax number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

FUTURE MAILING ADDRESS

Street address*			
<input type="text"/>			
City*	State*	Zip*	Home phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BUYER(S)

Last name	First name	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work phone	Fax number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last name	First name	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work phone	Fax number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT MAILING ADDRESS

Street address

City	State	Zip	Home phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROPERTY

Property type*	Street address*
<input type="text" value="Vacant lot..."/>	<input type="text"/>

City*	State*	Zip*	County*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Property identification number*

Brief Legal Description*

LENDER CONTACT INFORMATION

Lender name	Loan officer
<input type="text"/>	<input type="text"/>

Phone number