10337 Linn Station Road Louisville, KY 40223 Phone: (502) 400-5550 Fax: (502) 400-1425 601 N. Shore Drive, Suite 101 Jeffersonville, IN 47130 www.legacytitlecomany.com alissa@legacytitlecompany.net

## **REALTOR FORM**

File Number:					
Please complete this	s form and	fax it to (50	02) 400-1425 or en	mail it to alissa@legacytitleco	mpany.net.
<b>Property Address</b>	s:				
Buyers(s):					
If the Seller is	a Corporation	or LLC, please	e provide a resolution, Ta	ex ID #, and the name of duly authorized	representative.
Social Security Nu	umber(s):				
Forwarding Addre	ess:				
Please provide the len	der(s), acco	unt number	(s), and customer se	rvice phone number(s).	
Sales Price: \$			Earnest Mo	ney Deposit: \$	
				Retained by? listing agent/se	
Listing Agent:			Comp	pany:	
		Indiana Broker's License #:			
Phone:					
				Admin/Secured Doc. Fee:	
Selling Agent:			Comp	oany:	
		Indiana Broker's License #:			
Phone:		_Fax:		Email:	
				Admin/Secured Doc. Fee:	
				Buyer? yes/no	
	ф		D 11 /		
Home Inspection:	\$		Payable to:	Paid by: Buyer/Seller	POC/Collect
Termite:	\$		Payable to:	Paid by: Buyer/Seller  Paid by: Buyer/Seller	DOG/G 11 +
Home Warranty:	\$		Payable to:	Paid by: Buyer/Seller  Paid by: Buyer /Seller	
Survey:	\$		Payable to:	raid by: Buyer/Seller	POC/Collect
,	Φ.			Paid by: Buyer /Seller	POC/Collect
Repairs:	\$		Payable to:	Paid by: Buyer /Seller  Paid by: Buyer /Seller	POC/Collect
Escrow Hold:	\$		for:		

Owner's Title Insurance will be included on the settlement statement unless otherwise advised.