

BUYER'S AGENT

| | | |
|---|--------------------------|----------------------------------|
| PROPERTY ADDRESS: 123 Test Street, Philadelphia, PA 19123 | MLS#: MLS12345 | AGENT: John Test Smith |
| CLOSING DATE: | TIME: | LOCATION: |

INITIAL DOCUMENTATION

☐ AOS ☐ Check ☐ SPD ☐ PreQual/POF ☐ SEC ☐ Wire Notice ☐ HW
☐ Deed ☐ Referral Form ☐ RLBPHD ☐ FYP Form ☐ WN ☐ DMN ☐ CN
☐ KPSS ABA Form

KW Addendum signed: ☐ Buyer ☐ Seller ☐ Agent

CONTRACT PROCESSING

☐ File started ☐ Submitted Contract Folder ☐ Approved ☐ Comm Submitted
☐ Pending Checklist ☐ Date on Calendar ☐ Tasks set

AOS Copy to: ☐ Client ☐ Bank ☐ Attorney
☐ Introduction email sent to Buyer

DEPOSITS & MORTGAGE

EMD Due: _____ **Amount:** _____

Follow up on: ☐ Deposit ☐ Mortgage Application ☐ Appraisal
☐ 1st Deposit received ☐ 2nd Deposit received

INSPECTIONS & REPORTS

☐ Home Inspection Scheduled ☐ House & Septic Ready

Inspection Types: ☐ General ☐ Termite ☐ Radon ☐ Water ☐ Septic

Inspection Date: _____ **Inspector:** _____

☐ Inspection Reports received ☐ sent to Client
☐ Sent Rerminder ☐ BRTI Prepared ☐ Sent
☐ CIT Addendum Prepared ☐ Sent ☐ Fully Signed

RESALE CERT * C/O

Resale Certificate Received: ☐ Copy sent to Buyer ☐ Title Co
☐ Receipt of Documents sent ☐ Receipt of Documents signed

C/O Received: ☐ Copy sent to Buyer

APPRAISAL & MORTGAGE

Mortgage Type: _____

Appraisal: ☐ Ordered ☐ Scheduled ☐ Value OK?

Repairs: ☐ Repairs Needed ☐ No Repairs Needed

Mortgage Commitment Due: _____ ☐ Requested ☐ Received

WARRANTY, REPAIRS, & UTILITY INFO

☐ Utility Info Requested ☐ Utility Info Received ☐ Sent

Warranty: ☐ Yes ☐ No ☐ Ordered ☐ Invoice sent to Title Company

Warranty Company: _____

Warranty Cost: _____ **Paid By:** ☐ Seller ☐ Buyer

BRTI repairs: ☐ Repairs finished ☐ request receipts
☐ Receipts received and sent to Buyer

CLOSING DATE TRACKING

Closing Date: _____ ☐ Confirmed

☐ All Parties Notified ☐ Extension Signed ☐ Calendar Updated

Closing Time Preferred: _____

COMMISSION DETAILS

Buyer's Agent %: _____

Total Commission %: _____ **Seller Paid Commission:** _____

BUYER

NAME: Buyer Test Client

ADDRESS: 100 Buyer Ave, Philadelphia, PA 19123

PHONE: 215-555-6789

EMAIL: buyer@example.com

ATTORNEY

NAME: John Attorney

CONTACT: 215-555-8888

SELLER

NAME: Seller Test Client

ADDRESS: 200 Seller St, Philadelphia, PA 19123

PHONE: 215-555-4321

EMAIL: seller@example.com

LISTING AGENT

NAME: John Test Smith

PHONE: 215-555-1234

EMAIL: agent@example.com

TITLE AGENT

NAME: Test Title Company

PHONE: 215-555-9999

EMAIL: _____

☐ Title Ordered ☐ TC Invoice sent **Date Ordered:** _____

HOA

NAME: _____

CONTACT: _____

Resale Certificate Received ☐

NOTES: _____

C/O ☐ Yes ☐ No

NOTES: Test special instructions
{{additionalNotes}}

LENDER INFORMATION

NAME: _____

PHONE: _____

EMAIL: _____

REFERRAL INFORMATION ☐ Yes ☐ No

DUE TO: {{referralParty}} **{{referralFee}}%**

NOTES

QUICK REFERENCE

CONTRACT DATE: _____

ACCEPTANCE DATE: _____

PRICE: 350,000

SELLER'S ASSIST: _____