

DUAL 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 ☐ Dual Agency ☐ KPSS ABA Form ☐ BEC ☐ BAC
☐ KW Disclosure ☐ CBC
KW Addendum signed: ☐ Buyer ☐ Seller ☐ Agent

CONTRACT PROCESSING

☐ File started ☐ Submitted Contract Folder ☐ Approved
☐ Commission Submitted ☐ Added to Pending Checklist ☐ Date on Calendar
☐ Tasks set up
Intro & AOS Copy to: ☐ Buyer ☐ Bank ☐ Attorney ☐ Seller

DEPOSITS & MORTGAGE

EMD Due: _____ **Amount:** _____
Follow up on: ☐ Deposit ☐ Mortgage Application ☐ Appraisal
☐ 1st Deposit received ☐ 2nd Deposit received

INSPECTIONS & REPORTS

☐ Inspection Instructions sent to Seller ☐ Pass @ Gate
☐ Home Inspection Scheduled ☐ House & Septic Ready
Inspection Types: ☐ General ☐ Termite ☐ Radon ☐ Water ☐ Septic
Inspection Date: _____ **Inspector:** _____
☐ Inspection Reports received ☐ sent to Buyer ☐ BRTI Prepared ☐ sent to Seller
☐ CIT Prepared ☐ Sent ☐ Signed

RESALE CERTIFICATE & C/O

Resale Certificate: ☐ Order Resale Cert. ☐ Request Payment from Seller
☐ Check Sent ☐ Received ☐ Copy sent to Buyer ☐ Title Co
Receipt of Documents: ☐ sent ☐ Receipt of Documents signed
C/O Req Payment: ☐ Sent **INSPECTION DATE:** _____
☐ Copy to Buyer

APPRAISAL & MORTGAGE

Mortgage Type: _____
Appraisal: ☐ Ordered ☐ Scheduled ☐ Value OK?
Repairs: ☐ Repairs Needed ☐ No Repairs Needed ☐ Completed
☐ Notified Lender
Mortgage Commitment Due: _____ ☐ Requested ☐ Received

WARRANTY, REPAIRS, & UTILITY INFO

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 Agent/Buyer

CLOSING

Seller attending: ☐ Yes ☐ No ☐ Mailed Docs ☐ Sign early at Title Office
☐ Requested Escrow Check ☐ Confirmed Receipt

CLOSING DATE TRACKING

Closing Date: _____ ☐ Confirmed
☐ All Parties Notified ☐ Extension Signed ☐ Calendar Updated
Closing Time Preferred: _____

COMMISSION DETAILS

Buyer's Agent Commission: _____ %
Listing Agent Commission: _____ %
Total Commission: 6 _____ %

BUYER

NAME: Buyer Test Client
ADDRESS: 100 Buyer Ave, Philadelphia, PA 19123
PHONE: 215-555-6789
EMAIL: buyer@example.com

SELLER

NAME: Seller Test Client
ADDRESS: 200 Seller St, Philadelphia, PA 19123
PHONE: 215-555-4321
EMAIL: seller@example.com

ATTORNEY

NAME: John Attorney
CONTACT: _____

AGENT INFORMATION

NAME: John Test Smith
PHONE: _____
EMAIL: _____

TITLE AGENT INFORMATION

NAME: Test Title Company
PHONE: _____
EMAIL: _____
☐ TITLE ORDERED ☐ ROFR ☐ TC INVOICE SENT

HOA INFORMATION

☐ YES ☒ NO

ASSOCIATION: _____ **RESALE EXPIRES:** _____
EMAIL: _____ **PHONE:** _____
SELLER SENT PAYMENT ON: _____
NAME: Seller Test Client
CONTACT: _____

RESALE CERTIFICATE RECEIVED

☐ RECEIVED

NOTES: _____

CERTIFICATE OF OCCUPANCY

☐ YES ☒ NO

MUNICIPALITY: _____
REQUESTED: _____ **RECEIVED:** _____
C/O INSPECTION ON: _____

LENDER INFORMATION

NAME: _____
PHONE: _____
EMAIL: _____

INSPECTION DETAILS

INSPECTOR: _____
CONTINGENCY DATE: _____ **INSPECTION DATE:** _____

UTILITIES INFORMATION

WATER TYPE: _____ **SEWER TYPE:** _____

REFERRAL INFORMATION

☐ YES ☒ NO

DUE TO: _____

NOTES

QUICK REFERENCE

Contract Date: _____
Acceptance Date: _____
Price: 350,000
Seller's Assist: _____