

CLOSING DATA TRANSMITTAL FORM (CDT)

Listing Agent to provide the following information, which is to be submitted to
Title Company and Lender within 24-hours of acceptance of an offer.

Buyer Name: _____ SS# _____

Co-Buyer Name: _____ SS# _____

Property Address: _____

Legal Description: _____

Loan Information – Buyer

Lender: _____ Loan Officer: _____

Purchase Price: \$ _____ Type of Loan: _____

Seller Name: _____ SS# _____

Co-Seller Name: _____ SS# _____

Seller Forwarding Address: _____

Loan Information – Seller Loans to be paid at closing:

Lender: _____ Lender: _____

Loan Number: _____ Loan Number: _____

Loan Type: _____ Loan Type: _____

Listing Agent: _____ Firm: _____ Ph: _____

Selling Agent: _____ Firm: _____ Ph: _____

Commission _____ % to: _____ % to: _____

Earnest Money: \$ _____ Held by: _____

Attorney Fee: \$ _____ Attorney: _____

Survey: Existing Attached or Order From: _____

Ordered by: Lender Other: _____

Title Company: _____

Title Policy Copies to: _____

Transaction Fee: \$ _____ from Seller \$ _____ from Buyer.

Additional Comments, Special Instructions, and/or Bills to be Paid, if any: _____
