

Select Title, LLC
732 Behrman Highway, Suite E
Gretna, LA 70056
Tel: 504-433-5930 Fax: 504-433-5935

CONTRACT INFORMATION FORM

Today's Date: _____ Anticipated Closing Date: _____

Property Address: _____

Parish: _____

Purchaser's Name(s): First Middle (Maiden) Last:

Cell Phone: _____

Email address: _____

Purchaser's Lender Company: _____

Contact Name: _____

Phone: _____ Email Address: _____

Does The Purchaser(s) Need Power of Attorney? Yes _____ No _____

.....

Sellers Name(s) First Middle (Maiden) Last:

Cell Phone: _____/Email address: _____

Does The Seller(s) Need Power of Attorney? Yes _____ No _____

Does the Seller(s) Need Succession to be Opened? Yes _____ No _____

Listing Agent (**Seller's Agent**) Info

Name: _____

Company: _____

Email address): _____

Cell: _____

Selling Agent (**Buyer's Agent**) Info

Name: _____

Company: _____

Email address: _____

Cell: _____

TOTAL COMMISSION - _____ %

Split: Listing Agent: _____ / Selling Agent: _____

HOME WARRANTY INFORMATION:

NAME OF COMPANY: _____

AMOUNT - \$ _____