

WINForms® TRANSACTION COVER SHEET

BUYER/TENANT ONE INFORMATION

Buyer Name:
Street Address:
City:
State:
Zip Code:
County:
Home Phone Number:
Business Phone Number:
Fax Number:
Cellular Phone Number:
Email Address:

Check this box if you would like an "X" to
appear on all signature and initial lines for
Buyer One.

BUYER/TENANT TWO INFORMATION

Buyer Name:
Street Address:
City:
State:
Zip Code:
County:
Home Phone Number:
Business Phone Number:
Fax Number:
Cellular Phone Number:
Email Address:

Check this box if you would like an "X" to
appear on all signature and initial lines for
Buyer Two.

SELLER/LANDLORD ONE INFORMATION

Seller Name:
Street Address:
City:
State:
Zip Code:
County:
Home Phone Number:
Business Phone Number:
Fax Number:
Cellular Phone Number:
Email Address:

Check this box if you would like an "X" to
appear on all signature and initial lines for
Seller One.

SELLER/LANDLORD TWO INFORMATION

Seller Name:
Street Address:
City:
State:
Zip Code:
County:
Home Phone Number:
Business Phone Number:
Fax Number:
Cellular Phone Number:
Email Address:

Check this box if you would like an "X" to
appear on all signature and initial lines for
Seller Two.

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PROPERTY INFORMATION

MLS Number:
Street Address:
City:
Township:
County:
State:
Zip Code:
Legal Description:
Tax ID#:
Assessor's Parcel Number
Listing Date:
Listed Price: \$
Balance of 1st Mortgage: \$
Balance of 2nd Mortgage: \$
Other Liens: \$
Description of Other Liens:
Total Encumbrances: \$
Homeowner Assoc. Dues: \$
Transfer Fee \$
Doc. Prep. Fees \$
Property Includes:
Property Excludes:
Supplemental Info:

Expiration Date:

Purchase Price: \$
Purchase Agreement Date:
Deposit Amount: \$
Deposit Amount 1st Increase: \$
Deposit Amount 2nd Increase: \$
Deposit Amount 3rd Increase: \$
Offer Date:
Offer Acceptance Date:

Closing Date:

Expire Time:

[] A.M. [] P.M.

Total Amount Financed: \$
Property Type: [] Residential [] Multi Family [] Vacant Land [] Commercial [] Other
Year Built:
Lot Number:
Unit Number:
Block:
Subdivision:
Plat Book:
Page Number:

ESCROW INFORMATION

Escrow Company:
Escrow Number:
Street Address:
City:
State:
Zip Code:
Escrow Officer:
Telephone Number:
Closing Date:
Deposit One:
Deposit Two:
Email Address:

Escrow Officer Lic. No.:
Fax Number:

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SELLING BROKER INFORMATION

Selling Broker Firm Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Sales Agent Name:
Agent's Phone Number:
Fax Number:
Cellular Phone Number:
Email Address:

Selling Office
DRE License #:

Selling Agent
DRE License #:

LISTING BROKER INFORMATION

Listing Broker Firm Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Sales Agent Name:
Agent's Phone Number:
Fax Number:
Cellular Phone Number:
Email Address:

Listing Office
DRE License #:

Listing Agent
DRE License #:

Pager:

LENDER INFORMATION

Lender Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Lender's Officer Name:
Fax Number:
Cellular Phone Number:
Email Address:
Mortgage Type: Conv. FHA FMHA VA Other

Pager:

APPRAISAL INFORMATION

Appraisal Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Appraisal Officer Name:
Fax Number:
Cellular Phone Number:
Email Address:

Pager:

TITLE INFORMATION

Title Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Title Officer Name:
Fax Number:
Cellular Phone Number:
Email Address:

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PEST CONTROL INFORMATION

Pest Control Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Individual Representing
Cellular Phone Number:
Email Address:

DISCLOSURE INFORMATION

Disclosure Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Individual Representing
Cellular Phone Number:
Email Address:

HOME WARRANTY PROTECTION INSURANCE INFORMATION

Home Warranty Protection
Insurance Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Individual Representing
Cellular Phone Number:
Email Address:

HOMEOWNERS ASSOCIATION INFORMATION

Homeowners Association Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Individual Representing
Cellular Phone Number:
Email Address: