

LAW OFFICE OF RICHARD R. FOUST, PA

204 Muirs Chapel Rd., Suite 102 Greensboro, NC 27410 336-834-0510 fax 336-834-0160

Please fill out the information completely and fax or email back to our office.

Failure to fax or email back will cause a delay in closing.

We reserve the right to charge a termination fee for contract terminations for legal services rendered

BUYER(S) Full Name: _____

If the buyer is a business entity, please provide the full names of all authorized and/or required signor(s) for this transaction: _____

Marital Status _____ (Please write spouse's name also)

Phone: _____ **E-mail:** _____

Property Address: _____

REQUESTED Closing Date: _____ **Closing Time:** _____

Would you like a paper or flash drive copy of the closing documents? _____

IS THIS A MANUFACTURED HOME? _____

ADDRESS TO MAIL DEED TO: _____

BUYERS AGENT: _____

COMMISSION %: _____ **FLAT FEE** _____

Commission Checks: **Pick Up** _____ **Mail** _____

Lender / Broker: _____

Contact Person: _____

Phone: _____

Homeowners Insurance: _____

Contact Person: _____

Phone: _____

Please sign as shown on your photo identification



Buyer

Buyer