

Eastland Escrows, Inc.
302 East Rowland Street
Covina, CA 91723
Phone: (626) 331-2225 Fax: (626) 967-3500
Escrow Officer: _____
Email: escrow@eastlandescrows.com

Sale Transaction Take Sheet

From: _____

Phone Number: _____
FAX Number: _____
Date: _____ Opened By: _____ Ext. _____
Title Company: _____
Title Rep: _____ Title Officer: _____

SALES PRICE \$ _____

BUYERS INFORMATION

Last Name:	First Name:	Middle Name:	Social Security
_____	_____	_____	_____
_____	_____	_____	_____

Buyer Vesting to be: _____
New Insurance Agent: _____

NEW LOAN INFORMATION

New Lender: _____
New Loan Amount (1st) _____ New 2nd _____

SELLERS INFORMATION

Last Name	First Name	Middle Name	Social Security
_____	_____	_____	_____
_____	_____	_____	_____

Seller Vesting to be: _____

PROPERTY INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Owner Occupied |
| <input type="checkbox"/> Condo/Town House | <input type="checkbox"/> Tenant Occupied |
| <input type="checkbox"/> Rental Property | <input type="checkbox"/> Owner/Tenant Occupied |
| <input type="checkbox"/> Multiple Units | <input type="checkbox"/> Vacant Land |

Property Address: _____
County: _____
Listing Agent: _____ Selling Agent: _____
Address: _____ Address: _____

Phone Number: _____ Phone Number: _____
FAX Number: _____ FAX Number: _____
Commission: _____ % Commission: _____ %

ADDITIONAL INFORMATION

Termite Yes/No _____
Home Warranty: Yes/No Coverage: _____ Not to Exceed: \$ _____
Hazard Disclosure Report: _____ Escrow to Order Yes/No _____
Possession: Close of Escrow or _____
Condo/Homeowners Association: _____
Rental/Units: _____ Prorate Rents/Security Deposit: _____
Amount to be Deposited in Escrow: \$ _____
Seller Credit Amount: \$ _____ Towards: _____

PLEASE FAX OR E-MAIL THE PURCHASE CONTRACT TO OFFICER, ALONG WITH THIS OPEN ORDER SHEET. IF THIS IS A FOR SALE BY OWNER, PLEASE WRITE FSBO AND NO PURCHASE CONTRACT ON THE TOP RIGHT HAND CORNER.