



6840 Indiana Ave., Suite 150  
Riverside, CA 92506

222-2600

# OPEN ESCROW REQUEST SALES

Boardman

Peggy

Phone 951-

FAX# 951-222-2606

Date: \_\_\_\_\_ COE: \_\_\_\_\_ Escrow No.: \_\_\_\_\_

Property Address: \_\_\_\_\_  
APN: \_\_\_\_\_

Buyer(s): \_\_\_\_\_  
Phone# (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
Address: \_\_\_\_\_  
Mail Directly or Care of Agent (Circle one)

Seller(s): \_\_\_\_\_  
Phone# (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
Address: \_\_\_\_\_  
Mail Directly or Care of Agent (Circle one)

Date of Acceptance: \_\_\_\_\_ # of Counter Offers: \_\_\_\_\_  
Purchase Price: \$ \_\_\_\_\_ Earnest Money Deposit: \_\_\_\_\_

Seller Pay Costs: yes or no (circle one) If yes, how much: \$ \_\_\_\_\_  
Home Warranty: yes or no (circle one) Paid by: \_\_\_\_\_ Max Amt allowed \_\_\_\_\_  
Covering: \_\_\_\_\_

Listing Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Commission: \_\_\_\_\_  
FAX #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Selling Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Commission: \_\_\_\_\_  
FAX #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Title Co: \_\_\_\_\_ Order #: \_\_\_\_\_  
T.O.: \_\_\_\_\_ Credit: \_\_\_\_\_  
Title Co. Phone #: \_\_\_\_\_ FAX#: \_\_\_\_\_

Lender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
FAX #: \_\_\_\_\_

Is this property part of a 1031 Exchange? \_\_\_\_\_ yes \_\_\_\_\_ no  
Will the sale of this property be subject to 3.3% California State withholding? \_\_\_\_\_ yes \_\_\_\_\_ no

**Please include the following:**

1. FULLY EXECUTED Purchase Agreement
2. Copy of the most recent Grant Deed found in property profile

3. **Copy of lender's pre-approval letter**
4. **Buyers Earnest Money Deposit**