

# SELLERS PACKAGE FORM

Date: \_\_\_\_\_  
Community Name: \_\_\_\_\_  
Seller's Last Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Realtor Name/Phone#: \_\_\_\_\_  
Realty Company: \_\_\_\_\_

Pick up \_\_\_\_\_ Mailing \_\_\_\_\_

## MAILING REQUEST INFO

Company Name: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Tracking Number: \_\_\_\_\_

## TITLE INFORMATION

Title Company Name: \_\_\_\_\_  
Escrow Officer / Phone: \_\_\_\_\_  
Escrow #: \_\_\_\_\_  
Estimated Closing Date: \_\_\_\_\_  
Buyers Last Name: \_\_\_\_\_  
Short Sale: \_\_\_\_\_ Yes \_\_\_\_\_ No

### *Pick Up Use*

Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_