

Crawford County Abstract Co., Inc.
Closing Information Transmittal
email: ccabstractco@gmail.com
(479)474-2711 FAX-(479)474-2954

ORDER DATE: _____

CLOSING DATE: _____

SELLER'S NAME: _____	PHONE #: _____
SELLER'S NAME: _____	PHONE #: _____
MARITAL STATUS: _____	
BUYER'S NAME: _____	PHONE #: _____
BUYER'S NAME: _____	PHONE #: _____
MARITAL STATUS: _____	

PROPERTY ADDRESS: _____
LEGAL DESCRIPTION: _____

KNOWN TITLE ISSUES: _____

BUYER LENDER: _____ LOAN OFFICER: _____
PHONE NUMBER: _____ EMAIL: _____
BUYER INSURANCE CO.: _____

SELLER'S EXISTING MORTGAGE HOLDER: _____
LOAN NUMBER: _____ PRIMARY SS#: _____
ADDITIONAL LOANS- INFORMATION: _____

TERMITE REQUIRED: YES NO CURRENT CONTRACT: YES NO
COMPANY: _____

SURVEY REQUIRED: YES NO SURVEYOR: _____
WHO PAYS FOR THE SURVEY: BUYER SELLER

LISTING AGENT & COMPANY: _____
CONTACT NUMBER: _____
SELLING AGENT & COMPANY: _____
CONTACT NUMBER: _____
COMMISSION RATE: _____ SPLIT IF COBROKERED: _____
WILL BOTH PARTIES BE AT CLOSING? _____

OTHER INFORMATION:

PLEASE ATTACH COPY OF CONTRACT