Phone: (864) 848-9370 Fax: (864) 243-8137 greenville@wlhawkinslawfirm.com



Greenville Office 9 Buena Vista Way, Suite B Greenville, SC 29615

LISTING AGENT FORM

| Agent Name: |
|--|
| Agency Name: |
| Agency Address: |
| Office Phone: |
| Agent's Cell Phone: |
| Agent LIC #: |
| Agency LIC #: |
| Who is holding the Earnest Money? Amount of Earnest Money: \$ If Escrow Agent is a third party, please provide the following: Third Party Name: Contact Information: |
| Please provide Seller(s) Contact Information: Current Address: Phone Number: Email Address: |
| For any Mortgage or Equity Line Payoffs, please provide the following: 1st: Name of Lender: Account Number: Social Security # of Primary Account Holder: |
| 2nd: Name of Lender: Account Number: Social Security # of Primary Account Holder: |
| Is the property in a Trust? Yes No If yes, please provide a copy of the Trust or Memorandum of Trust to our firm ASAP. |
| Is the property owned by a Corporation, LLC, etc.? Yes No If yes, please email or fax a copy of all formation documents or corporate authorization documents for the individual signing on behalf of the corporation/ LLC as soon as possible. |
| Does the property have HOA regime fees? Yes No If yes, please provide the management company name: Phone Number: Amount Paid: How often are regime fees paid? (ex: Monthly): |

| Will a Home Warranty be provided? Y | es No | | |
|--|------------------------|-------------------------------------|---------------------|
| Who will be paying the Home Warran | ty? | | |
| Pest Inspection Company: | | Invoice Amount | : |
| Who is Paying this Invoice? | | | |
| Home Inspection Company: | | _ Invoice Amount: | |
| Who is Paying this Invoice? | | | |
| Will Seller attend closing? Yes | V o | | |
| Will Seller use a Power of Attorney? | Yes No | | |
| If Seller is not planning to attend closi- | ng, please contact of | ur firm as soon as p | possible. |
| What is the nature of this property? | Condominium | Townhouse | Single Family |
| | Mobile Home | Commercial | Other |
| If property is a Mobile Home, please a | lso fill out of Mobil | e Home Form.) | |
| | | | |
| | other liens to your ki | nowledge that must | be paid at closing? |
| Yes No | • | - | |
| Yes No Please provide the last 4 digits of the so | ocial security number | - | |
| Yes No Please provide the last 4 digits of the so Seller: | ocial security number | er for all sellers list | |
| Yes No Please provide the last 4 digits of the se Seller: Seller: | ocial security number | er for all sellers list | |
| Are there any tax liens, judgments or of Yes No Please provide the last 4 digits of the second seller: Seller: Seller: Seller: Seller: | ocial security number | er for all sellers list —— —— | |

We look forward to your real estate closing!