



Fill Out Form

Open an Escrow With Us

Visit us at 24010 Lyons Avenue Newhall, CA 91321

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ESCROW OFFICER: _____ Date _____
Property Address _____
Closing Date _____ Sales Price _____
Acceptance Date _____

Cast of Characters

LISTING AGENT/BROKER _____
Address _____
Phone Number _____ Fax _____
Email Address _____
Method of Delivery _____ Email _____ Hard Copy _____
Commission Due _____ Compliance/Regulatory Fee _____

SELLING AGENT/BROKER _____
Address _____
Phone Number _____ Fax _____
Email Address _____
Method of Delivery _____ Email _____ Hard Copy _____
Commission Due _____ Compliance/Regulatory Fee _____

SELLER _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____
Method of Delivery _____ Email _____ Hard Copy _____ c/o Agent _____ Pick Up/Call in to Sign _____

BUYER _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____
Method of Delivery _____ Email _____ Hard Copy _____ c/o Agent _____ Pick Up/Call in to Sign _____

Services To Be Used

Lender Name & Phone Number _____
Title Company _____
Termite Company _____
Home Protection _____
Name of H.O.A. _____ Amount of Dues _____
Zone Disclosure Company _____ Options: Tax _____ Clue _____ Envirn. _____

Please Check if Applicable

_____ Concurrent with Buyer's Sale _____ Concurrent with Seller's Purchase

SPECIAL INSTRUCTIONS _____

Please attach a fully executed Purchase Contract/Counter Offer(s). Thank you for this opportunity to serve you and your clients. The above information will assist us in insuring your smooth closing.