



# REPORT OF SALE WORKSHEET

(To be completed by Sales Associate and given to Liz)



Property Address: \_\_\_\_\_ Town: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Est. Contract Date: \_\_\_\_\_ Est. Close Date: \_\_\_\_\_ Sale \$: \_\_\_\_\_

Escrow Deposit Attached: Yes No Amount \$ \_\_\_\_\_

Sale Source (circle one): Neighborhood Calls    Open House    Sphere of Influence    Just Listed/Sold Cards  
 Past Customer    Cold Calls    Personal    Ad Response (name publication) \_\_\_\_\_

Listing Type (circle one): Resale    Land    New Construction    Rental    Commercial Sale    Commercial Rental

Agreement Type (circle one): Exclusive Right to Sell    Exclusive Agency    Open    ML#: \_\_\_\_\_

Seller Resale Disclosure: Yes No    Agency Disclosure: Yes No    Lead Paint Disclosure: Yes No

### BUYER INFORMATION

Mr. Mrs. Ms. \_\_\_\_\_  
(circle one)  
 Mr. Mrs. Ms. \_\_\_\_\_  
(circle one)  
 Address: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Hm Tel #: \_\_\_\_\_ Bus Tel #: \_\_\_\_\_  
 email: \_\_\_\_\_

### SELLER INFORMATION

Mr. Mrs. Ms. \_\_\_\_\_  
(circle one)  
 Mr. Mrs. Ms. \_\_\_\_\_  
(circle one)  
 Address: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Hm Tel #: \_\_\_\_\_ Bus Tel #: \_\_\_\_\_  
 email: \_\_\_\_\_

### BUYER ATTORNEY

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

### SELLER ATTORNEY

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

### SALES ASSOCIATE

Associate Name: \_\_\_\_\_  
 Broker's Name: \_\_\_\_\_  
 Broker's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### LISTING ASSOCIATE

Associate Name: \_\_\_\_\_  
 Broker's Name: \_\_\_\_\_  
 Broker's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### COMMISSION

Total Commission Rate % \_\_\_\_\_ Split: List% \_\_\_\_\_ Sale% \_\_\_\_\_  
 OR Total Commission Flat Rate \_\_\_\_\_ Split: List \$ \_\_\_\_\_ Sale \$ \_\_\_\_\_

Is there a referral involved? Yes No

If Yes: Broker Referral Is Paid To: \_\_\_\_\_ Associate: \_\_\_\_\_

Broker's Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Amount of Referral to be paid: % \_\_\_\_\_ \$ \_\_\_\_\_ Broker Tel #: \_\_\_\_\_