

338 W. Lexington Ave Suite 104, El Cajon, CA 92020 TEL. (619) 593-6700 FAX (619) 593-1534

**PURCHASE ESCROW Opening Sheet**

**From**: Phone: 

Company:  Cell: 

E-mail address: 

I am the: Listing Agent  Selling Agent 

**Escrow Rep is**: Matt Dart

**Please open escrow for property located at:**



I have attached a copy of the Purchase Contract/Joint Escrow Instructions, Counter(s) and Addenda

# of counters  # of Addenda  Listing Agreement? Yes No 

Commission Total %  % to Listing Broker  % to Selling Broker 

**Please Open Title** with (Title Company) 

Credit Order to (Title Reps Name) 

Buyer shall deliver deposit by: Electronic Funds  Cashier’s Check Personal Check 

My Transaction Coordinator is:  Email: 

 Phone #: 

HOA Info: Association  Management Co: 

 Phone #: 

**My Client(s) is the: Buyer**  **Seller**  **and their Info as follows**:

Name(s): 

Address: 

Phone:  Fax: 

Email: 

**Co-Op Agent**: 

Company: 

Phone:  Fax: 

Email: 

Additional Information:









Because Privacy Is A Thing We Care About!

**Please send us this information in a secure manner.**