

PURCHASE APPLICATION FORM

Applicant Type: Buyer Only Seller Only Dual Agency

Applicant Name: _____

Email: _____ Phone: _____

Today's Date: _____ Desired Closing Date: _____

Property Address: _____

City: _____ State: _____ Municipality: _____ County: _____

Sales Price: \$ _____ Mortgage Amount: \$ _____

Short Sale: Yes No Current Owners Policy Available: Yes No

Block: _____ Lot: _____ Deed Book: _____ Page: _____

Surety Branch Office: _____
 Surety Representative: _____

Dan McCann
 C: (609) 957-0846
 O: (800) 908-4853 Ext. 1277
 dmccann@mysurety.com
 mysurety.com/danmccann

BUYER - BUYER ONLY & DUAL AGENCY

BUYER 1:

Name: _____
 SS#: _____ Phone: _____
 Email: _____

BUYER 2:

Name: _____
 SS#: _____ Phone: _____
 Email: _____

SELLING BROKER:

Company: _____
 Real Estate Agent: _____
 Email: _____ Phone: _____

ATTORNEY INFORMATION:

Company: _____
 Attorney Name: _____
 Email: _____ Phone: _____

MORTGAGEE/LENDER:

Company: _____
 Address: _____
 Loan Officer Name: _____
 Email: _____ Phone: _____
 Processor Name: _____
 Email: _____ Phone: _____

MORTGAGE BROKER (if applicable):

Company: _____
 Address: _____
 Loan Officer Name: _____
 Email: _____ Phone: _____
 Processor Name: _____
 Email: _____ Phone: _____

I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING (Please Check):

Title Insurance Policy: Yes No Policy Type: Basic Enhanced N/A
 Survey.....Yes No Well.....Yes No
 Septic.....Yes No Termite Inspection.....Yes No

Buyer 1 Signature: _____ Buyer 2 Signature: _____

PLEASE PROVIDE A CONTRACT/AGREEMENT OF SALE

SELLER - SELLER ONLY & DUAL AGENCY

SELLER 1:

Name: _____
 SS#: _____ Phone: _____
 Email: _____

SELLER 2:

Name: _____
 SS#: _____ Phone: _____
 Email: _____

LISTING BROKER:

Company: _____
 Real Estate Agent: _____
 Email: _____ Phone: _____

ATTORNEY INFORMATION:

Company: _____
 Attorney Name: _____
 Email: _____ Phone: _____

BUYERS TITLE COMPANY INFORMATION (if applicable):

Company: _____ Contact: _____
 Email: _____ Phone: _____

Is either Seller 62 years of age or older: Yes No
 Married: Yes No Date of Marriage: _____ Maiden name of Spouse: _____
 Widowed: Yes No *If former spouse is deceased, provide a copy of the death certificate*
 Divorced: Yes No *Provide a copy of the Judgment of Divorce, including property settlement agreement*

I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING (Please Check):

Deed: Yes No Association Dues Letter: Yes No (if yes) Association Name: _____

PAYOFFS (Please check all that apply):

FIRST MORTGAGE:
 Company: _____
 Acct #: _____ Phone: _____

EQUITY LINE:
 Company: _____
 Acct #: _____ Phone: _____

SECOND MORTGAGE:
 Company: _____
 Acct #: _____ Phone: _____

SOLAR PANELS:
 Company: _____
 Acct #: _____ Phone: _____

Seller 1 Signature: _____ Seller 2 Signature: _____