RE/MAX Teamwork's RECORD of SALE

_____ _____ _____ _____
Street Address City State Zip

_____ _____ _____ _____ ☐ Residential
Purchase & Sale Date Closing Date Sale Price MLS# ☐ Commercial

Choose One:
☐ Selling Side
☐ Listing Side
☐ Office Double Ender
☐ Agent Double Ender
☐ Referral

Sellers Attorney:
Name:_____
Address:_____
City:_____
State:___ Zip:_____
Phone:_____
Fax:_____

Buyers Attorney:
Name:_____
Address:_____
City:_____
State:___ Zip:_____
Phone:_____
Fax:_____

Co-Broke Information
Company Name:_____
Office Address:_____
Office City:_____
Office State:_____ Zip:_____
Agent Name:_____
Agent Voice Mail:_____

Deposit Information
Amount of Deposit:$_____

Are we to hold deposit? ☐ Yes ☐ No

(***ALWAYS*** provide copy of deposit check)

Mortgage Company used for this purchase:

_____

Commission Information

Commission Total: $_____

Did you refer this company? Yes ☐ No ☐

RE/MAX Teamwork Receives: $_____ Co-Broker Receives: $_____
Please explain any special distributions or instructions:_____
_____

Do you owe a referral fee to someone? ☐ Yes ☐ No

Amount: $_____
_____%

If yes,
Agent Name:_____
Company Name:_____
Address:_____
City:_____
State:_____ Zip:_____
Phone:_____
Fax:_____

_____ _____ _____
RE/MAX Team Leader Signature Date

_____ _____ _____
Team Member (if applicable) Signature Date

You *MUST* Submit a Copy of the executed Purchase and Sale Agreement with this Form

THIS FORM MUST BE FILLED OUT COMPLETELY!!