

2633 S. BALDWIN AVE., ARCADIA, CA 91007-8325 TEL: (626) 309-7999, FAX: (626) 309-7977

## **SALES REPORT**

File No: \_\_\_\_\_ Agent Name: \_\_\_\_

-									
Property Address:									
Listing MLS #: Sale Price: \$			Commission: \$					(	%)
Listing Agent:			Selling Agent:						
Listing Office:	Selling Office:								
Contact Phone #:	Contact Phone #:								
Remark:	Selling Agent's Public I.D.(Required) #								
Escrow Company:	Escrow Officer:								
Escrow No. #	Escrow Phone #:								
Estimated Closing Date:			Open Escrow Date:						
Actual Closing Date:									
Residential	Income	Commercial	Land		Industrial	Bu	siness		Lease
Agent must provide the following documents with  □ Purchase Agreement (RPA-CA)*  □ Counter Offer(s) (CO)*  □ Agency Relationship Disclosure (AD)*  □ Coop. Broker Compensation Agreement (CBC)*  □ Wood Destroying Pest Inspection (WPA)*(S)  □ Escrow & Commission Instructions  □ MLS"A" Print out  □ Property Profile - Cover Page of Tax or Title  □ Buyer's Deposit Check Copy (S)			For Secretary Use Only:  Secretary Review On Time  Secretary Review On Time						
☐ Trust Fund Log			☐ Secretar	ry Review	, \( \subseteq Oi	n Ti	me		
*With original signatures if initiated by LDR Agent.									
(S) For Selling Age			Office Re	ceiving D	ate:				