



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.**