TRANSACTION INFORMATION (DEAL) SHEET

Commission: Flip Tax:

			1	
Address:			Date:	
	BUYER	<u> </u>		SELLER
Name:			Name:	
Address:			Address:	
SSN:			SSN:	
Email:			Email:	
Office:			Office:	
Cell:			Cell:	
Fax:			Fax:	
i ax.				
	BUYER'S ATT	ORNEY	S	ELLER'S ATTORNEY
Name:			Name:	
Firm:			Firm:	
Address:			Address:	
* Email:			Email:	
Office:			Office:	
Fax:			Fax:	
	BUYER'S BR	OKER		SELLER'S BROKER
Name:			Name:	
Firm:			Firm:	
Address:			Address:	
Agent License #			Agent License #	
Firm License #			Firm License #	
Email:			Email:	
Office:			Office:	
Cell:			Cell:	
Fax:			Fax:	
MANAGEMENT FIRM				
Firm Name:				
Contact: Address:				
Email:				
Phone:				
Fax:				
MISCELLANEOUS INFORMATION				
Purchase Price:				
	Closing Date:			
	Financing:			
Contingencies:				