

McLain & Merritt, P.C.

Real Estate Division

Buyer Information Form – Purchase

For office use only:

File Number: _____

Pre-Closer: _____

Closer: _____

Attorney: _____

CLOSING DETAILS

PROPERTY ADDRESS: _____

City: _____ State: _____ Zip: _____ County: _____

If known: Subdivision _____ Land Lot _____ District _____ Lot _____

Projected Closing Date: ____/____/____

Type of Closing: Purchase/Sale Construction-Permanent Commercial

Preferred Office Buckhead (please email form to: buckheadre@mcclain-merritt.com or fax to: 404-364-3134)

Location: Vinings (please email form to: buckheadre@mcclain-merritt.com or fax to: 404-364-3134)

Alpharetta (please email form to: mcclainap@bellsouth.net or fax to: 770-200-7001)

PLEASE BE SURE TO FILL OUT COMPLETELY and FAX/EMAIL ALL PAGES TO EMAIL ADDRESS / PHONE NUMBER ABOVE – THANK YOU!

PURCHASER'S INFORMATION

Please provide McLain and Merritt, PC with at least one phone number and one email address. Thank you!

Purchaser1: _____

Phone (H): _____ (W): _____ (C): _____

Preferred Email Address: _____

Purchaser2: _____

Phone (H): _____ (W): _____ (C): _____

Preferred Email Address: _____

Will this be the purchaser's primary residence? Yes No – if not, will it be a 2nd home or investment property?

If it is to be a 2nd home or investment property, what is the purchaser's mailing address:

SELLER'S INFORMATION

Please provide McLain and Merritt, PC with at least one phone number and one email address. Thank you!

Seller's Name: _____

Is this property a "For Sale by Owner"? Yes No

If yes, please provide contact information for the seller:

Phone Number/Email: _____

TERMITE INFORMATION (responsibility of buyer)

Company Name: _____

Contact's Name: _____ Phone: _____

Amt due:\$ _____

Collect at Closing: Yes No

INSURANCE INFORMATION

Homeowner's Insurance Company: _____ Policy #: _____

Contact Person: _____ Telephone: _____

Premium amount: \$ _____ Paid at closing Paid prior to closing

Purchaser must fax the Declarations page and a bill or paid receipt to our office prior to closing and bring the originals to closing. Please contact your lender to verify the amount of coverage required and the wording of the loss payee clause.

Is this property a condominium? Yes No

If yes, an insurance certificate must be faxed to our office prior to closing and the original certificate must be brought to closing. This information can be obtained from your Condo Association or Management Company of the Association.

SURVEY

Does purchaser desire a survey? Yes No -- Collect at closing Will pay outside closing

HOME WARRANTY INFORMATION

Home Warranty: Yes No Company Name: _____

Contact Name: _____ Phone: _____

Who is requesting it? Listing Agent Selling Agent Paid by: Purchaser Seller

AGENT INFORMATION

Listing Agent's (agent for seller) Name: _____ Company: _____

Phone: (O) _____ (C) _____ (Fax) _____

Preferred Email Address: _____

Selling Agent's (agent for buyer) Name: _____ Company: _____

Phone: (O) _____ (C) _____ (Fax) _____

Preferred Email Address: _____

LENDER INFORMATION

Company: _____

Loan Officer/Client Manager: _____ Phone: _____

Loan Amount: \$ _____

Will there be a 2nd loan? Yes – Amount \$ _____ No

Will there be a Home Equity Line of Credit? Yes – Amount \$ _____ No

SPECIAL REQUIREMENTS REGARDING THIS CLOSING (Estate, PoA needed, divorce, relocation, etc.)

Will all purchasers be attending the closing? Yes No

Will any party be using a Power of Attorney at closing? Yes No

Name of person NOT attending the closing? _____

Full name of person acting as attorney-in-fact- _____

If the party would like us to draft the Power of Attorney, please contact our office. Our fee is \$75.00 to draft the document plus the cost to record it. If the party would like to prepare their own Power of Attorney, the Power of Attorney must be faxed to our office for review 48 hours PRIOR to closing, along with a photocopy of the driver's license of the purchaser not attending the closing.

Additional Details on any other special requirements: _____

ADDITIONAL CLOSING DETAILS

Each party **MUST** bring their driver's license (or other form of picture ID) to closing.

Purchaser's or Seller's funds to close must be in the form of either a cashier's check or a certified check made payable **TO ONESELF**. Please also bring a personal check with you in case there is any change in the amount. **OR** if purchaser or seller would like to wire funds directly to McLain and Merritt's Escrow Account, please check the box below if you wish for McLain and Merritt to send you wiring instructions.

Please send wiring instructions to: _____
Email or fax number

If you would like to add a person not on the loan to be on title with you or alone, please state how they would like to be on title and their complete name.

Name to be added in addition to name on loan (please print) _____

Joint with Rights of Survivorship - *if one of the parties die, title to the property automatically passes to the surviving joint tenant.*

Tenants in Common – *if one of the parties dies, his/her interest in the property passes according to his/her will or laws of intestacy.*