****

**Tracy M. Frick, Esq.** *(SC)*

**Truman P. Smith, Esq.** *(SC)*

**\*Jeffrey C. Clark, Esq.** *(NC) (IL)*

**\*Angela Berlad, Esq.** *(NC)*

**\*Christina W. Lizzio, Esq.** *(NC)*

*\*Of Counsel*

**To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Frick Firm, LLC will handle the Carbone / Newman 2323 Excalibur Dr** and **In an effort to effectively manage this file, please provide the following information as soon as possible and return to** [**title@thefrickfirmllc.com**](mailto:title@thefrickfirmllc.com) **or fax to 803-329-7760. Thank you!**

**DISCLAIMER**

* **PLEASE ADVISE CLIENTS IN ADVANCE THAT ALL FUNDS OVER $500.00 TO OUR OFFICE MUST BE IN THE FORM OF A WIRE!!!**
* If this closing is going to be a mail away a $250.00 processing fee will apply.
* If buyer(s) need to come in the office at a time other than the scheduled closing time there will be an additional fee of $250.00.

***PURCHASER’S INFORMATION:***

**Purchaser’s Name(s) to appear on Deed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_**

**Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purchaser’s Social Security Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Buyers Phone Number (S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purchaser’ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Closing Date: \*\*\*\*PLEASE CALL 803-324-4000 TO SCHEDULE\*\*\*\***

**\*\*\*\*\*CLOSINGS ON THE LAST DAY OF THE MONTH WILL ONLY BE CONDUCTED AT OUR PROVIDENCE ROAD OR ROCK HILL OFFICES\*\*\*\*\*\*\***

***MORTGAGE LENDER:***

**Lender Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lender Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lender Telephone No./e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***HOMEOWNER’S INSURANCE:***

**Name of Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOI Agent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***BUYER’S AGENT INFORMATION:***

**Agent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent’s Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent’s Phone No/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent’s Commission on sale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_**

**What is the Commission split: \_\_\_\_\_% Selling Agent \_\_\_\_\_\_\_\_% Listing Agent \_\_\_\_\_\_Selling Bonus**

* **SURVEY: Our office does not order surveys. For South Carolina property a survey can be ordered at** [**www.pplssurvey.com**](http://www.pplssurvey.com) **and for North Carolina property at** [**www.dedmonsurveys.com**](http://www.dedmonsurveys.com)
* **TERMITE REPORT: Was TERMITE performed? YES or NO**

**If yes, please fax a copy of the Termite inspection AND invoice**

**NORTH CAROLINA LOCATIONS**

(P) 704-376-8181 (F) 803-329-7760

**SOUTH CAROLINA LOCATIONS**

(P) 803-324-4000 (F) 803-329-7760

[WWW.THEFRICKFIRMLLC.COM](http://WWW.THEFRICKFIRMLLC.COM)