



HB HOMES

VETERAN OWNED

Property Reference: _____

Mutual Acceptance Date: _____ Escrow Company: _____

D-2 Initial/Add'l Deposit: \$ _____ Escrow Officer: _____

F-2 Close Date: _____ Phone: _____

J-1 Approval Date: _____ Email: _____

L-2 TIR Date: _____

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Representing Buyer

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Representing Seller

<u>Buyer's Information</u>		<u>Seller's Information</u>	
Full Name:		Full Name:	
Street Address		Street Address	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Email:		Email:	
Agent: Co:		Agent: Co:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	

BUYER'S FINANCING INFORMATION

Mortgage Company: _____ Loan Officer: _____

Phone: _____ Email: _____

Financing Type: ☐ Conv. ☐ VA ☐ FHA ☐ USDA ☐ TBD ☐ Other

COMMISSION DISBURSEMENT

Sales Price: \$ _____

Buyer Side Commission: _____ % \$ _____ + ☐ GET (4.721%) _____ = \$ _____

Seller Side Commission: _____ % \$ _____ + ☐ GET (4.721%) _____ = \$ _____

Approved by Principal Broker / Broker In Charge

Specialty Instructions: Please see the Commission Disbursement Authorization form to be sent separately. Please email deposit confirmation to johndavis@teamhbhomes.com