



CLOSING DATA TRANSMITTAL FORM (CDT)

Agent to provide the following information, which is to be submitted to
Title Company and Lender within 24-hours of acceptance of an offer.



BUYER DATA

Buyer Name: _____ SSN _____

Co-Buyer Name: _____ SSN _____

Property Address: _____

Legal Description: _____ ☐ 1031 Exchange

Lender: _____ Loan Officer: _____

Purchase Price: _____ Type of Loan: _____

☐ New Construction; ☐ Modular; ☐ Manufactured (title released? _____)

SELLER DATA

Seller Name: _____ SSN _____

Co-Seller Name: _____ SSN _____

Seller Forwarding Address: _____

Has the Seller Lived in Property At Least 2 Out of the Last 5 Years? Yes _____ No _____

Lender(s): _____

Loan Number(s): _____

Loan Type(s): _____

AGENT DATA

Listing Agent: _____ Firm: _____ PH: _____

Buyer Agent: _____ Firm: _____ PH: _____

Commission: _____ % to: _____ % to: _____

Earnest Money: \$ _____ Held by: _____

Attorney Fee: \$ _____ Attorney: _____

Survey: Existing Attached ☐ or Order from: _____

Survey ordered by: ☐ Lender ☐ Other: _____

Title Company: _____ Policy Type: _____

Title Policy Copies to: _____

Transaction Fee: \$ _____ from Seller \$ _____ from Buyer

Additional Comments, Special Instructions, and/or Bills to be Paid, if any:

ATTACHED DOCUMENTS: ☐ Purchase Agreement dated _____ ☐ Counter Offer #s _____

☐ Survey ☐ Lease ☐ Other _____

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