



SOUTHERN HILLS TITLE

Experience. Efficiency. Innovation.

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CLOSING DATA TRANSMITTAL FORM (CDT)

TRANSACTION DATA

Property Address: _____

Legal Description: _____

Sale Price: \$ _____

___ Cash ___ Loan ___ Contract for Deed ___ Cash/HELOC from Other Property

BUYER DATA

Buyer Name: _____ Buyer Name: _____

Mailing Address: _____ Mailing Address: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Take Title as: ___ Joint Tenants with Right of Survivorship ___ Tenants in Common

Lender: _____ Loan Officer: _____

SELLER DATA

Seller Name: _____ SSN _____ Seller Name: _____ SSN _____

Spouse: _____ Spouse: _____

Forwarding Address: _____ Forwarding Address: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Mortgage Servicer: _____ Loan Number: _____

AGENT DATA

Listing Agent: _____ Firm: _____ Ph: _____ Email: _____

Selling Agent: _____ Firm: _____ Ph: _____ Email: _____

Commission: _____ % to: _____ % to: _____

Transaction Fee to Listing Agent: \$ _____ from Seller \$ _____ from Buyer

Transaction Fee to Selling Agent: \$ _____ from Seller \$ _____ from Buyer

Earnest Money: \$ _____ Held by: _____

Southern Hills Title to Order Deed: ___ Yes ___ No

OTHER INFO

