**Seller’s Full Name(s):**

**Current Address:**

**Attorney & Address:**

**Buyer’s Full Name(s):**

**Current Address:**

**Attorney & Address:**

# Property Address:

# Amount of Deposit: $ Kind of Deposit:

# Date of Deposit: Proposed Closing Date:

# Date of Contract: ACTUAL Closing Date:

# Listing Office: Agent(s):

# Selling Office: Agent(s):

#  $      Selling Price

#  $      Seller’s Concession to

#  $      Net Price To Seller

#       % Commission Rate

#  $      Gross Commission

#  $      Less Co-Broke to

#  $      Seven Valley Realty Commission

# Commission Split

#  Agent Split Amount

# Listing Agent:             $

# Co-listing Agent:             $

# Selling Agent:             $

# Co-selling Agent:             $

# Residual:             $

# Manager Override:             $

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             $

# SVR Net:             $

# TOTAL $