

6(d) Order Form for a Scheduled Closing

All Fields Must Be Completed – if field is not applicable, please write N/A

1. Unit Information

Check One: <input type="checkbox"/> SALE (with Lender Financing) <input type="checkbox"/> SALE (without Lender Financing) <input type="checkbox"/> REFINANCE		
Condo Association Name:		Closing Date:
Street Address:		Unit Number:

2a. Seller/Current Owner Information

Unit Owner Name(s):	
Forwarding Address :	
Email Address:	
Phone Number:	
Sales Price:	
Storage Unit (if any):	Parking Space(s) (if any):
Person Authorized to Act on Owner(s') Behalf:	Phone Number for Authorized Agent:

2b. Buyer Information

Buyer Name(s):		
Mailing Address :		
Email Address:		
Phone Number (1):	Phone Number (2):	Phone Number (3):

3. Please check any applicable box below:

- No Additional Charge - select **only** if you have previously paid for a Lender Information Package for this transaction
- \$60.00 – select if 6(d) is for a sale with no lender financing or select if you need a modified/additional 6(d).
- \$50.00 – select (**in addition to the first two options**) if you need the 6(d) within five business days (payment by credit card or cleared funds required for entire order)

4. Please select a delivery method:

- In-Person Pickup *Proper ID Required*
- Standard U.S.P.S. Service
- Certified Mail - \$3.00 (in addition to the fees selected in box 3.)
- Express Mail Service - \$30.00 (in addition to fees selected in box 3.)

5. To whom should the requested documents be released or mailed? Please include address for mail service.

Name(s):	Phone Number:
Street:	City/State/Zip:

6. Please select your payment method, if additional charges were selected in sections 3 and 4 above.

- | | | |
|--|----|---|
| <input type="checkbox"/> I want to pay by Check/Money Order
Please enclose your check/money order payable to Lundgren Management for the selected package. | OR | <input type="checkbox"/> I want to pay by Credit Card
(*additional 4% fee will apply)
Please provide the email address where you would like to receive our electronic invoice with instruction on how to pay by Credit Card:
EMAIL: _____ |
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7. Agreement - Fill in the blanks with the condominium unit number and condominium name.

The undersigned unit owner(s) hereby authorize(s) The Lundgren Management Group, Inc. (LMG) to release information in all matters concerning the unit and the association or trust, including pending litigation, if any. Information in reference to this transaction is being provided by LMG, in its capacity as Agent for the Association or Trust, to the best of its knowledge and belief; information is gathered from sources deemed to be reliable; however LMG does not warrant or guarantee the accuracy of the information and you are urged to verify this information through other sources. The undersigned agree to pay LMG the total amount due for items requested and further agree to pay a minimum of \$250.00 in collection costs should LMG be required to pursue collection action for payment of requested information. The undersigned hereby certify that I/we am/are the owner of record of the above noted unit, unit _____ at _____ Condominium.

In consideration for LMG releasing such information as described above, the undersigned hereby remise, release and forever discharge The Lundgren Management Group, Inc. and _____ Condominium, their agents and employees and agree to defend and hold harmless, from any and all liabilities and claims arising from the provision of (or failure to provide) any information to any person, including without limitation the buyer, buyer's attorney, the buyer's spouse, or any broker or lender, whether before or after signing this Agreement. This Agreement shall take effect as a sealed instrument.

8. Signature(s) – Witness Required/Notary Not Required

<p>Witness By: _____ Signature of Witness</p> <p>_____</p> <p>Print Name of Witness</p>	<p>By: _____ Signature of Unit Owner</p> <p>_____</p> <p>Print Name of Unit Owner Signing Above</p>
<p>Witness By: _____ Signature of Witness</p> <p>_____</p> <p>Print Name of Witness</p>	<p>By: _____ Signature of Unit Owner</p> <p>_____</p> <p>Print Name of Unit Owner Signing Above</p>

For Office Use Only:

<p>Date Received _____</p> <p>Lndr Pkg Order Form Rec'd? Yes No</p> <p>Date Paid _____</p> <p>Rush Fee Rqr'd Yes No</p> <p>Broker's Name _____</p> <p>Agency _____</p> <p>Phone Number _____</p> <p>Date of Sale _____</p> <p>Date of Refi _____</p>	<p>Balance Owed</p> <p>Condo Fees \$ _____</p> <p>Assessment \$ _____</p> <p>Other \$ _____</p> <p>Total \$ _____</p> <p>Received on _____</p> <p>Check for Future Assessments _____</p> <p>Right of First Refusal <i>**004 & 056 only</i></p> <p>Sent to Trustees _____</p> <p>Sales Price Confirmed _____</p> <p>Completed & Notarized _____</p> <p>Storage</p> <p>Paying for a bin _____</p>	<p>6(d) Certificate Completed & Notarized _____</p> <p>FOR SALES: New Owner Information in computer _____</p> <p>Set Reminder-Unit Deed _____</p> <p>Green Ownr Form Enclosed with package _____</p> <p>Package Scanned _____</p> <p>Package Mailed/Called For Pick Up _____</p>
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