

Effective 8/1/08

RESALE - PRELIMINARY INFORMATION SHEET (5407)

RETURN TO THE GALMAN GROUP WITH PAYMENT- ATTN: CONDO DEPARTMENT

DATE: _____

NAME OF ASSOCIATION: _____

UNIT#: _____

SELLER _____ PHONE _____

BUYER: _____ RESIDENT INVESTOR

TITLE COMPANY _____ PHONE _____

Contact _____ EMAIL: _____

POSSIBLE DATE OF SETTLEMENT: _____

SALES PRICE: _____

MORTGAGE LENDER: _____ Phone _____

SELLER'S REALTOR/BROKER _____ Phone _____

MAIL PACKAGE TO: seller's realtor seller

Address: _____

Package requires payment of \$250.00 in advance to:

The Galman Group
261 Old York Road, Suite 110
P. O. BOX 646, JENKINTOWN, PA 19046
Phone: (215)-886-2000 (267) 620-1447 – FAX

*****FOR OFFICE USE ONLY*****

Check # _____ received on _____

PACKAGE SENT _____ INITIALS _____