**Offer Cover **

**Property Address:**

**Buyer’s Name:**

**AddressPhone**

**Email:**

**Buyer's Agent: Agent MLS ID#:**

**Name of Brokerage: Office Phone :**

**Brokerage Address:**

**Office Fax: Direct number:**

**Agent Email:**

**First time buyer: Investor: Owner Occupy:**

**Buyer's Lender:**

**Lenders Address:**

**Buyer's Loan Officer:**

**LO Phone #: Fax:**

**LO Contact Email:**

**Offer Amount: Seller Assistance( %)**

**Inspection Period: Days:**

**SOURCE OF FUNDS; CASH FHA VA CONVENTIONAL OTHERS**

**EMD:$ Due Date: Within Days of Executed Contract**

**Escrow Held By**. First Advantage Title Partners LLC 1351 Alafaya Trail, Oviedo, FL 32765 phone.407.971.2225 fax 407.641.8085 email- Processing@ssdepartment.com

**Date of Offer Expiration Date of Offer Projected Close of Escrow Date**