

Earnest Money Request

Address of property _____

Seller : _____ Buyer _____

Closing Attorney _____ Date _____ Time _____

Firm Name: _____

Address: _____

Phone: _____ Amount \$ _____

This form must be at the Lexington office 4 days prior to your closing Fax # 743-3953

Agent requesting earnest money (signature) _____