

**LANDON A. DUNN, P.A.**  
624 Matthews-Mint Hill Road, Suite 300A  
Matthews, NC 28105  
(P) (704)688-0505 / (F) (704)443-7367  
[www.LandonDunn.com](http://www.LandonDunn.com)

Date: \_\_\_\_\_

**BUYER INFORMATION WORKSHEET**

Please complete the following and return as soon as possible by  
Email to ([samantha@landondunn.com](mailto:samantha@landondunn.com)) or secure fax (704)443-7367

**PLEASE RETURN THIS COMPLETED INFO SHEET, COPY OF YOUR DRIVER'S LICENSE(S), AND ANY  
DOCUMENTS REQUESTED BELOW TO OUR OFFICE ASAP.  
ALSO, PLEASE CALL TO SCHEDULE A CLOSING DATE AND TIME.**

Property Address or Lot being purchase: \_\_\_\_\_

Are you a member of a legal plan? \_\_\_\_\_ if so, member id and case number: \_\_\_\_\_

Will this be your primary residence? \_\_\_\_\_

Buyer 1 Full Legal Name (First, Middle and Last) \_\_\_\_\_

Buyer 2 Full Legal Name (First, Middle and Last) \_\_\_\_\_

SS Number: \_\_\_\_\_ SS Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

(Married/Single/Divorced/Widowed/Legally Separated) \*\* If married, your spouse may be required to sign.

\*\*If legally separated, please attach Separation Agreement for our review

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Lender: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Hazard Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Premium Amount \$ \_\_\_\_\_ Paid in Advance or at closing? \_\_\_\_\_

Buyers Agent: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will there be termite inspection? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please submit a clear report and invoice to our firm.