# Record of Real Estate Transaction

| | |
|---|---|
| Property: | |
| Seller: | |
| Buyer: | |
| Selling Price: | |
| Closing Date: | |

| | Real Estate Broker (Seller) | Real Estate Broker (Buyer) |
|---|---|---|
| **Company Name** | | |
| Company Address | | |
| Company Phone | | |
| Company License | | |
| Agent Name | | |
| Agent Phone | | |
| Agent License | | |
| Agent Email (Required) | | |
| Amount of Commission Fee | | |
| Closing Attorney Name: | | |
| Closing Attorney Phone: | | |

Signature(Closing Attorney)

Date

From:

To:

**REGULAR MAIL:**

**eXp Realty LLC**
**PO Box 787962**
**Philadelphia, PA 19178-7962**

**OVERNIGHT/FEDEX:**

**eXp Realty LLC**
**Lockbox #787962**
**MAC Y1372-045**
**401 Market Street**
**Philadelphia, PA 19106**