



100 W Harrison St.
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Seattle, WA 98119
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ESCROW QUESTIONNAIRE REQUEST FORM

Information:

Unit # _____ of _____ Condominium Association.

Unit Address: _____

Requested by: _____ Company: _____ Phone: _____

Escrow Number _____

Fax/Email Completed Document to: _____

The three fields below are required:

Seller(s) Name: _____ **Phone:** _____

Buyer(s) Name: _____ **Phone:** _____

Buyer(s) Email: _____

Instructions:

1. There is a fee due to **GFK Management, Inc.** for their disclosure work, whether or not the transaction closes.
2. All fees due to GFK Management **MUST** be on a separate check made payable to **GFK Management, Inc.**
3. Charges for fees are billed to the person that requests the document (i.e. bank, escrow, mortgage company).
4. If this transaction is a purchase or a sale, an additional transfer fee of \$150.00 will be billed and payable only to **GFK Management, Inc.**
5. All invoices are due within 30 days of billing. Unpaid invoices will accrue interest of 1.5% per month. All invoices that reach 90 days past due will be referred to a collection attorney.

Options:

- Escrow Questionnaire – Standard **\$95.00** 5 Business Days
- Escrow Questionnaire – Expedited **\$145.00** 2 Business Days
- Escrow Questionnaire – Emergency **\$200.00** 8 Business Hours

Promise to Pay: The undersigned have read and fully understand the terms listed above and conditions of the requested disclosure work and agree to the same. The undersigned understands that they will be responsible for the cost of preparing the requested Disclosure Documents regardless of whether the transaction closes.

Name _____ **Title** _____ **Company** _____

Signed _____ **Date** _____