



# LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

Phone: (818) 360-9944  
Fax: (818) 360-0890  
michael@landmarkescrow.com

## Electronic/Digital Documentation Agreement and Acknowledgment

Date: \_\_\_\_\_ Escrow No. \_\_\_\_\_

Re: \_\_\_\_\_

To: Landmark Escrow

Under the Uniform Electronics Transactions Act (UETA) and the federal Electronic Signature in Global and National Commerce Act (E-SIGN) the undersigned may be providing certain documents and forms signed in electronic and digital format. By their actual signatures below the undersigned agree and acknowledge the following:

The Purchase and Sales Contract, Counter Offers, Addendums and other documents ("Agreements") submitted are a true, correct copy of the agreements I/we entered into for the purchase/sales of the real property described above;

I/We consent to the use of digital and electronic signatures and records in the creation of the Agreements and any subsequent addenda to the Agreements, if applicable;

I/We signed or will sign said Agreements digitally ourselves, and we acknowledge that we did or may submit said documents electronically by fax or email.

Escrow Holder and all parties and third parties to this transaction, including, but not limited to Real Estate Brokers, Lenders, Title Company, are authorized to accept and rely on all contracts, instructions and forms signed through some form of digital software and/or sent electronically, by fax or email, for the processing of this transaction as if such documents contained the undersigned's original wet signatures. Said documents so provided shall be fully enforceable and legally binding on the undersigned in the accordance with its terms.

**SELLERS:**

\_\_\_\_\_

**BUYERS:**

\_\_\_\_\_

**This document must be signed by the parties and the original signature copy mailed to:**

Landmark Escrow  
9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

**2021 Real Estate Withholding Tax Statement**

**593**

AMENDED:

Escrow or Exchange No.

**Part I Remitter Information** •  REEP  QUALIFIED INTERMEDIARY  BUYER/TRANSFEREE  OTHER

Business name Landmark Escrow	[ <input type="checkbox"/> FEIN [ <input type="checkbox"/> CA Corp no. [ <input type="checkbox"/> CA SOS file no. 91-1925098	
First name	Initial	Last name
Address (apt./ste. room, PO box, or PMB no.) 9535 Resseda Blvd, Ste. 100		
City (if you have a foreign address, see instructions.) Northridge, CA 91324	State	Zip
Telephone number (818) 360-9944		SSN or ITIN

**Part II Seller/Transferor Information** If a grantor or nongrantor trust, check the box that applies: • [  Grantor [  Nongrantor Trust

First name (Grantor)	Initial	Last name (Grantor)	SSN or ITIN
Spouse's/RDP's first name (if jointly owned)	Initial	Last name	Spouse's/RDP's SSN or ITIN (if jointly owned)
Business/Nongrantor Trust name (if applicable)	[ <input type="checkbox"/> FEIN [ <input type="checkbox"/> CA Corp no. [ <input type="checkbox"/> CA SOS file no.		
Address (apt./ste. room, PO box, or PMB no.)			
City (if you have a foreign address, see instructions.)		State	Zip
Property address (provide street address, parcel number, and county)		Telephone number	Ownership percentage
			%

**Part III Certifications which fully exempt the sale from withholding** (See instructions)

Determine whether you qualify for a full withholding exemption. Check all boxes that apply to the property being sold or transferred.

1.  [  ] The property qualifies as the seller's (or decedent's, if sold by the decedent's estate or trust) principal residence under Internal Revenue Code (IRS) Section 121.
2.  [  ] The seller (or decedent's, if sold by the decedent's estate or trust) last used the property as the seller's (or decedent's) principal residence under IRC 121 without regard to the two-year time period.
3.  [  ] The seller has a loss or zero gain for California income tax purposes on this sale. Complete Part VI, Computation on Side 2.
4.  [  ] The property is compulsorily or involuntarily converted, and the seller intends to acquire property that will qualify for nonrecognition of gain under IRC Section 1033.
5.  [  ] The transfer qualifies for nonrecognition treatment under IRC Section 351 (property transferred to a corporation controlled by the transferor) or IRC Section 721 (property contributed to a partnership in exchange for a partnership interest).
6.  [  ] The seller is a corporation (or a limited liability company (LLC) classified as a corporation for federal and California income tax purposes) that is either qualified through the California Secretary of State or has a permanent place of business in California..
7.  [  ] The seller is a California partnership or qualified to do business in California (or an LLC that is classified as a partnership for federal and California income tax purposes that is not a single member LLC that is disregarded for federal and California income tax purposes).
8.  [  ] The seller is a tax-exempt entity under California or federal law.
9.  [  ] The seller is an insurance company, individual retirement account, qualified pension/profit sharing plan, or charitable remainder trust.

If you checked one or more boxes in line 1 through line 9, withholding is not required. Go to Side 3, complete the perjury statement and sign. Provide Sides 1-3 to the remitter before the close of escrow or exchange transaction to submit to the Franchise Tax Board.

**Part IV Certifications that may partially or fully exempt the sale from withholding or if no exemptions apply** (See instructions)

Determine whether you qualify for a full, partial, or no withholding exemption. Check all boxes that apply to the property being sold or transferred.

10.  [  ] The transfer qualifies as either a simultaneous or deferred like-kind exchange under IRC Section 1031. See instructions for Form 593, Part IV.
11.  [  ] The transfer of this property is an installment sale where the buyer must withhold on the principal portion of each installment payment. Copy of the promissory note is attached at the close of escrow. Complete Part V, Buyer/Transferee Information on Side 2. Withholding may be required.
12.  [  ] **No exemptions apply.** Complete Part VII, Escrow or Exchange Information, on Side 3 for amounts to withhold. Withholding is required

Remitter Name \_\_\_\_\_ Escrow or Exchange No. \_\_\_\_\_  
 Landmark Escrow \_\_\_\_\_ SSN, ITIN, FEIN, CA corp no., or CA SOS file no.  
 91-1925098

**Part V Buyer/Transferee Information**

Complete this part if you checked box 11 in Part IV for an installment agreement.

First name (Grantor)	Initial	Last name (Grantor)	SSN or ITIN
Spouse's/RDP's first name (if jointly purchased)	Initial	Last name	Spouse's/RDP's SSN or ITIN
Business/Nongrantor Trust name (if applicable)	[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.		

Address (apt./ste. room, PO box, or PMB no.) \_\_\_\_\_  
 City (if you have a foreign address, see instructions.) \_\_\_\_\_ Telephone number \_\_\_\_\_

Principal Amount of Promissory Note	Installment Amount	Interest Rate %	Repayment Period	Number of months

**Buyer's/Transferee's Acknowledgment to Withhold**

Read the "Buyer/Transferee" Information below.

I acknowledge that I am required to withhold on the principal portion of each installment payment to the seller/transferee for the above shown California real property either at the rate of 3 1/3% (.0333) of the total sales price or the Alternative Withholding Calculation, as specified by the seller/transferee on Form 593, Real Estate Withholding Statement, of the principal portion of each installment payment. I will complete Form 593 for the principal portion of each installment payment and send one copy of each to the Franchise Tax Board along with Form 593-V, Payment Voucher for Real Estate Withholding, the withholding payment, and give one copy of Form 593 to the seller/transferee. I will send each withholding payment to the Franchise Tax Board by the 20th day of the month following the month of the installment payment. If the terms of the installment sale, promissory note, or payment schedule change, I will promptly inform the Franchise Tax Board. I understand that the Franchise Tax Board may review relevant escrow documents to ensure withholding compliance. I also understand that I am subject to withholding penalties if I do not withhold on the principal portion of each installment payment and do not send the withholding along with Form 593 to the Franchise Tax Board by the due date, or if I do not send one copy of Form 593 to the seller/transferee by the due date. **Go to Side 3, complete the perjury statement and sign.**

**Part VI Computation**

Complete this part if you checked and certified box 3 in Part III, or to calculate an alternative withholding calculation amount.

13. Selling price \_\_\_\_\_
14. Selling expenses \_\_\_\_\_ 14
15. Amount Realized. Subtract line 14 from line 13 \_\_\_\_\_ 15
16. Enter the price you paid to purchase the property (see instructions, How to Figure Your Basis.) \_\_\_\_\_ 16
17. Seller/Transferor-paid points \_\_\_\_\_ 17
18. Depreciation \_\_\_\_\_ 18
19. Other decreases to basis \_\_\_\_\_ 19
20. Total decreases to basis. Add line 17 through line 19 \_\_\_\_\_ 20
21. Subtract line 20 from line 16 \_\_\_\_\_ 21
22. Cost of additions and improvements \_\_\_\_\_ 22
23. Other increases to basis \_\_\_\_\_ 23
24. Total increases to basis. Add line 22 and line 23 \_\_\_\_\_ 24
25. Adjusted basis. Add line 21 and line 24 \_\_\_\_\_ 25
26. Enter any suspended passive activity losses from this property \_\_\_\_\_ 26
27. Add line 25 and line 26 \_\_\_\_\_ 27
28. Estimated gain or loss on sale. Subtract line 27 from line 15 and enter the amount here. \_\_\_\_\_ 28  
 If you have a loss or zero gain, skip lines 29 and 30. Certify on Side 3. Withholding is not required.  
 If you have a gain, go to line 29 to calculate your withholding \_\_\_\_\_

Remitter Name \_\_\_\_\_ Escrow or Exchange No. \_\_\_\_\_  
 Landmark Escrow \_\_\_\_\_ SSN, ITIN, FEIN, CA corp no., or CA SOS file no.  
 91-1925098

29. **Alternative withholding calculation amount.** Check the applicable box for the filing type:  
 Individual 12.3%  Corporation 8.84%  Bank and Financial Corporation 10.84%  Trust 12.3%  
 Non-California Partnership 12.3%  S Corporation 13.8%  Financial S Corporation 15.8%  
 Multiply the amount on line 28 by the tax rate for the filing type selected above and enter the amount here. This is the alternative withholding calculation amount. If you elect the alternative withholding calculation amount, then check the appropriate box on line 35, Boxes B-H, and enter the amount of line 36
30. **Sales price withholding amount.** Multiply the selling price on line 13 by 3 1/3% (.0333).  
 This is the sales price withholding amount. If you select the **sales price withholding amount**, check box A on line 35 below and enter the amount on line 36
- 29 \_\_\_\_\_  
 30 \_\_\_\_\_

**Part VII Escrow or Exchange Information**

31. Escrow or Exchange number **• 31**
32. Date of Transfer, Exchange Completion, Failed Exchange, or Installment Payment (mm/dd/yyyy) **• 32**
33. Sales Price, Failed Exchange, or Boot Amount \$ \_\_\_\_\_ x Ownership Percentage % **• 33**
34. Type of Transaction (Check One Only): **•**  
 A  Conventional Sale/Transfer **C**  Boot  
 B  Installment Sale Payment **D**  Failed Exchange
35. Withholding Calculation (Check One Only): **•**  
**Sales Price Method**  
 A [X] 3 1/3% (.0333) x Sales Price, Boot, or Installment Sale Payment  
**Alternative Withholding Calculation Election**  
 B  Individual 12.3% x Gain on Sale **F**  S Corporation 13.8% x Gain on Sale  
 C  Non-California Partnership 12.3% x Gain on Sale **G**  Financial S Corporation 15.8% x Gain on Sale  
 D  Corporation 8.84% x Gain on Sale **H**  Trust 12.3% x Gain on Sale  
 E  Bank and Financial Corp. 10.84% x Gain on Sale
36. Amount Withheld from this Seller/Transferor **■ 36 \$**

**Title and escrow persons, and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Transfers are strongly encouraged to consult with a competent tax professional for this purpose.**

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

**Perjury Statement**

Under penalties of perjury, I hereby certify that the information provided above is, to the best of my knowledge, true and correct. I further certify that: Check the applicable box(es):

- The sale is fully exempt from withholding as indicated by a check mark(s) in Part III.  
 The sale is fully or partially exempt from withholding as indicated by a check mark(s) in Part IV, Box 10 or 11.  
 The seller has elected the Alternative Withholding Calculation as indicated by a check mark in Part VII, line 35 (B-H).  
 The buyer/transferor understands and accepts the withholding requirements as stated on the Buyer's/Transferee's Acknowledgment to Withhold in Part V. The buyer/transferor should only check this box when involved in an installment sale.

Seller's/Transferor's signature	Date
<input checked="" type="checkbox"/>	
Seller's/Transferor's spouse's/RDP's signature	Date
<input checked="" type="checkbox"/>	
Buyer's/Transferee's signature	Date
<input checked="" type="checkbox"/>	
Buyer's/Transferee's spouse's/RDP's signature	Date
<input checked="" type="checkbox"/>	
Remitter's name and Title/Escrow business name Michael Kendrick /Landmark Escrow	Telephone Number (818) 360-9944

**Sign Here**

It is unlawful to forge a spouse's/RDP's signature.



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## CERTIFICATION OF NON-FOREIGN STATUS BY INDIVIDUAL TRANSFEROR (S 1445)

Section 1445 of the Internal Revenue Code provides that a Transferee (Buyer) of a U.S. real property interest must withhold tax if the transferor (seller) is a foreign person. To inform the transferee (buyer) that withholding of tax is not required upon my disposition of a U.S. real property interest,

I/WE, \_\_\_\_\_  
(Name of Transferor)

hereby certify the following:

1. The real property interest being transferred by me consists of an interest in the real property commonly known as:

\_\_\_\_\_ (Address to be Transferred)

2. I am not a nonresident alien for purposes of U.S. income taxation.

3. My U.S. taxpayer identification number (Social Security Number) is:

\_\_\_\_\_

4. My home address is: Property Address / Other (circle one)

*if other provide home address:* \_\_\_\_\_

I understand that this certification may be disclosed to the Internal Revenue Service by the transferee and that any false statement I have made here could be punished by fine, imprisonment, or both.

**Under penalties of perjury, I declare that I have examined this certification and to the best of my knowledge and belief it is true, correct and complete.**

Dated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For further information furnished concerning the form of this certification, see Temp. Reg 1.1445-T(b), (2).



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ESCROW NO.: \_\_\_\_\_

Escrow holder is hereby instructed to disburse proceeds at the close of escrow as follows:

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS.

\_\_\_\_\_ Seller will pick up check  
(checks will be issued within 24 hours of closing)

\_\_\_\_\_ Escrow to mail check to the following address:  
\_\_\_\_\_

\_\_\_\_\_ Escrow to wire funds (ONLY AVAILABLE FOR FUNDS OF \$5,000 OR GREATER)  
(funds will be wired within 24 hours of closing)

Bank Name: \_\_\_\_\_

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

ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

Name(s) which appear on the account: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## SELLER'S INFORMATION FORM

ESCROW NO.: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_

### EXISTING FIRST TRUST DEED LOAN:

Name of Lender: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
Loan No.: \_\_\_\_\_ Date of Last Payment \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Impounds: \_\_\_\_\_ Taxes \_\_\_\_\_ Insurance \_\_\_\_\_  
Primary Borrower: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Is this an FHA Loan? YES or NO (circle one)

### EXISTING SECOND TRUST DEED LOAN (Line of Credit, Heloc, HERO program, etc.):

Name of Lender: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
Loan No.: \_\_\_\_\_ Date of Last Payment: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Line of Credit?: \_\_\_\_\_ YES\* \_\_\_\_\_ NO \_\_\_\_\_  
Primary Borrower: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*If yes, this Line of Credit will be frozen/closed upon request of this demand/payoff statement. **WE** hereby authorize our current lender to block the account to further advances and close account.

### USE REVERSE FOR ANY ADDITIONAL LOANS

### SOLAR CONTRACT/LEASE FINANCING:

Name of Solar Company: \_\_\_\_\_ Leased \_\_\_\_\_ Owned \_\_\_\_\_  
Account No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### HOMEOWNER'S ASSOCIATION INFORMATION (if more than one, use reverse side for additional info)

Name of Association: \_\_\_\_\_  
Management Company, if any \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Account Number: \_\_\_\_\_  
HOA Dues: \$ \_\_\_\_\_ Special Assessment (if Any): \$ \_\_\_\_\_  
Dues are paid to: \_\_\_\_\_ Paid: Monthly Quarterly Semi-Annually (circle one)

### PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR SIGNED ESCROW INSTRUCTIONS.

As may be specifically and properly required to complete my transaction described in the Escrow Instructions, you are hereby instructed to obtain and comply with pay-off "demands" from the Lenders or parties named above and to make payment(s) in full from funds accruing to my account at close of escrow including but not limited to, forwarding/service/transfer fees/payments/conveyance fees, interest or prepayment charges as demanded by such instructions without my further approval. The above referenced Lender may accept a copy of this signed notice as authorization to release information requested by LANDMARK ESCROW.

# 1099-S INPUT

<b>Landmark Escrow</b>	Escrow Number:	Actual Closing Date:
------------------------	----------------	----------------------

**SUBJECT PROPERTY INFORMATION**  
 STREET ADDRESS OR APN IF VACANT LAND \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**TRANSACTION DATA**

\$ _____ <b>CONTRACT SALES PRICE</b>	NO. OF 1099 Forms required for the sale of this property.	2 OR MORE 1099-S FORMS
\$ _____ <b>ARE YOU A FOREIGN PERSON:</b> (nonresident alien, foreign partnership, foreign estate, or foreign trust)	<b>REAL ESTATE TAX</b> Property Tax Credit to seller <input type="checkbox"/> check here if NOT Applicable	<b>EXCHANGE</b> Was or will there be other property services received?
<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes

**SELLER INFORMATION - PLEASE PRINT CLEARLY**  
 SELLER'S NAME or Name of Estate, Trust\* or Corporation (If acting as Trustee do not enter your name)  
**1** \_\_\_\_\_

SELLER'S FORWARDING ADDRESS (New address after the close of escrow)  
 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**\*If you are acting as Trustee DO NOT enter your SSN. Enter only the Trust Tax ID No. or the SSN of the deceased.**

SELLER'S SOCIAL SECURITY NUMBER \_\_\_\_\_  
**2**

**Or**

SELLER'S TAX IDENTIFICATION NUMBER \_\_\_\_\_

**You are required by law to provide your settlement agent with your correct Taxpayer Identification Number. If you do not provide your settlement agent with your correct Taxpayer Identification Number, you may be subject to civil or criminal penalties imposed by law.**

3  
 Seller's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS**

A) Make sure that all data fields and areas are accurately completed for individuals, trust, estate or corporation.  
 B) If there is more than one seller in this transaction, each seller must have a separate 1099-S form. In most cases, a husband and wife are considered one seller and only one name and corresponding Social Security Number or Tax Identification Number can appear on this form.  
 C) Also, if more than one seller, indicate the total number of 1099-S forms required for the transaction and report the correct dollar value for this seller.  
 Please contact our office with any questions.



**\*\*\*PLEASE COMPLETE, SIGN AND RETURN\*\*\***

**COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU**

By enabling the title company to eliminate the problems that might arise through similarity of your name with the name of another person against whom there may be judgments, tax liens, or other matters affecting property ownership. If any additional information is needed, you will be contacted by our office.

**CONFIDENTIAL INFORMATION STATEMENT**

Name (1st Party)		Name (2nd Party)	
First	Middle	Last	Last
Date of Birth	Birthplace	First	Middle
I have lived in California since	Social Security No.	Date of Birth	Birthplace
Driver's license #		I have lived in California since	Social Security No.
		Driver's license #	

**ARE PARTIES 1 and 2** ( ) Married ( ) Domestic Partners Married on \_\_\_\_\_ at \_\_\_\_\_ Maiden Name \_\_\_\_\_

**FORMER MARRIAGE(S)/PARTNERSHIPS**

If no former marriages/Domestic Partnerships, write "NONE"

**1st Party** - Name of former Spouse/Domestic Partner \_\_\_\_\_  
Deceased \_\_\_\_\_ Divorced/Termination \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_  
**2nd Party** - Name of former Spouse/Domestic Partner \_\_\_\_\_  
Deceased \_\_\_\_\_ Divorced/Termination \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

**RESIDENCE(S) DURING PRECEDING 10 YEARS**  
(if more space is needed, use reverse side of form)

**1st Party**  
NUMBER AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
**NUMBER AND STREET** \_\_\_\_\_ CITY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
**2nd Party**  
NUMBER AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
**NUMBER AND STREET** \_\_\_\_\_ CITY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

**OCCUPATION(S)**  
(if more space is needed, use reverse side of form)

**1st Party**  
**PRESENT OCCUPATION** \_\_\_\_\_ **FIRM NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **NO. YEARS** \_\_\_\_\_  
**PRIOR OCCUPATION** \_\_\_\_\_ **FIRM NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **NO. YEARS** \_\_\_\_\_  
**2nd Party**  
**PRESENT OCCUPATION** \_\_\_\_\_ **FIRM NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **NO. YEARS** \_\_\_\_\_  
**PRIOR OCCUPATION** \_\_\_\_\_ **FIRM NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **NO. YEARS** \_\_\_\_\_

**SIGNATURE:**

**SIGNATURE:**

**PARTY 1** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**PHONE#** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**PARTY 2** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**PHONE#** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**\*\*\*PLEASE COMPLETE, SIGN AND RETURN\*\*\***