

Customer Expectation Agreement

Agent Name: _____

Company: _____

Office Number: _____

Fax: _____

Mobile Number: _____

Pager: _____

Home Number: _____

E-mail: _____

Website: _____

1. When the need arises for us to contact you, please list your preferred method of contact: (in order)
_____ Office _____ Mobile _____ Pager _____ Home _____ Other

2. How often do you prefer to be updated on your file(s)?
A. Once a week B. No news is good news C. As developments occur

3. If we need information during processing, such as social security numbers, title issues, pay-off issues, etc., do you prefer:
A. That we call your client directly B. Always call you first

4. With receipt of contract, do you prefer:
A. Last page of contract only B. 1 Copy of contract C. 2 copies of contract

5. Will you be attending the closing(s)?
A. Yes B. Yes, If I am not there, start without me C. No

6. Are there any special instructions for disbursement of your commission check?

7. Do you have any special forms that need to be addressed at closing? Please supply us with the forms.

8. Do you have an Assistant or Closing Coordinator?
A. No B. Yes Name: _____
C. I have a working partner whose name is _____