



Escrow No: _____

SELLER'S ESCROW INFORMATION SHEET

First Name: _____ Last Name: _____

Company Name (If Any): _____

Address: _____ City: _____

Zip Code: _____ State: _____

Country: _____ Year of Birth: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Confirm Email: _____

Item Description: _____

Sales Value: _____

Payment Release Terms:

- Payment/funds will be released upon proof that goods/item is on transit.
- Funds will be released once the goods have been delivered and inspected by buyer.

Date

Signature

It is necessary to fill out this form completely and correctly, as the information contained herein will assist us to process your escrow more accurately and avoid timely delays. Please place any additional information that you feel we may require on the reverse side of this form.