



CRMLS STATUS CHANGE FORM

601 S. First Ave Arcadia CA 91006 626.446.2115 FAX 626.446.4072

*** MARKS REQUIRED INFORMATION**

*Date: _____ / _____ / 20____ * Public ID A _____ Office Code _____

LISTING INFORMATION

* Listing # A _____ *Original Listing Date: _____ / _____ / _____

*ADDRESS: _____

***STATUS CHANGE**

____ Listing Price \$ _____ Extend Expire Date _____ / _____ / _____

____ ACTIVE ____ HOLD (H) ____ WITHDRAWN (W) ____ CANCELLED (K) ____ FIRST RIGHT of REFUSAL (F)

____ ACTIVE UNDER CONTRACT (U) ____ PENDING (P) ____ SOLD (S) ____ LEASED (L)

**** Complete the following if you checked - Active Under Contract (U) - Pending (P) - Sold (S) - Leased (L)**

*Date Escrow Opened: _____ / _____ / _____ *Date Escrow Closed: _____ / _____ / _____

*Selling Price: \$ _____ *Concession Amt. \$ _____ *Concession Remarks: _____

*Selling Agent Name: _____ *Public ID: A _____

*Selling Agent CAL BRE. Lic. # _____ Selling Office Name _____

***FINANCING TERMS:**

____ CONVENTIONAL ____ CAL. VETERANS ____ LAND CONTRACT SALE ____ PRIVATE

____ CASH ____ OWNER CARRY BACK ____ ASSUMED ____ VETERAN'S ADMIN

____ FED. HOUSING ADMIN. ____ ALL INCLUSIVE TRUST DEED ____ OTHER

OTHER CHANGES or COMMENTS: _____

*** ADMIN. FEE \$5 CHARGE FOR ALL CHANGES (Master Card/Visa ONLY)**

*CREDIT CARD # _____

*EXP. DATE: _____ / 20 _____ *CID # _____

OWNER'S SIGNATURE: _____ (OPTIONAL) DATE: _____ / _____ / _____

*AGENT'S SIGNATURE: _____ DATE: _____ / _____ / _____

*Print Name: _____

BROKER'S SIGNATURE: _____ DATE: _____ / _____ / _____

**** (Only for Request of Cancellation of Listing - Broker Signature is Required)**

Print Name: _____