

POINT OF CONTACT



THIS DOCUMENT AND THE INFORMATION IN IT ARE PROVIDED IN CONFIDENCE, FOR THE SOLE PURPOSE OF EXPLORING BUSINESS OPPURTUNITIES BETWEEN THE DISCLOSING PARTY AND THE RECEIVING PARTY CONCERNING LIQUIDATION/AUCTION/ESTATE SALE SERVICES, AND MAY NOT BE DISCLOSED TO ANY THIRD PARTY OR USED FOR ANY OTHER PURPOSE WITHOUT THE EXPRESS WRITTEN PERMISSION OF THE DISCLOSING PARTY.

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Intake Agent:		Title:		Date & Time:	
Client:		Primary Role:			
Contact Number:		Type:		Alternative Phone Number:	
Email Address:					
Best Time to Contact:					
Address:		City:		State:	Zip:
Service Desired:		Timeline:			
<u>ESTATE or ITEM(S) LOCATION</u>					
Address:		City:		State:	Zip:
Description:					
Is the home within an HOA?		Are the utilities in working order?			
Is the home listed?		Realtor:			

FOR OFFICIAL USE ONLY

Estate Evaluation:		Status:		OM Assigned:	
Date of Entry:		Sale Dates:			
First Day Sales:		Second Day Sales:		Auction Sales:	
Grand Total:		Commission Rate:		Provisions:	
Settlement:	Commission:	Provision:	Client Cost:	Sales Tax:	Client Net:
GMES:		Overhead:		GMES NET:	Profit/Loss:

All information provided in this section has been reviewed and determined factual.
Control Number: _____ | Audit Number: _____ | Check No. _____

Signature: _____ **Date:** _____

OFFICIAL SEAL

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