

EXCHANGOR/TAXPAYER INFORMATION

Name of Exchangor(s): _____

If Exchangor is a business entity what is its state of organization: _____

Social Security Number or Federal Employer Identification Number
(only one needed): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Second Phone: (____) _____

Fax: (____) _____ Email(s): _____

RELINQUISHED PROPERTY INFORMATION

Sale Price: \$_____ Projected Closing Date: _____

Name that the Relinquished Property is titled in: _____

Street Address: _____

City: _____ State: _____ Zip: _____

EXCHANGOR/TAXPAYER SIGNATURE

(Signature Required)

The undersigned hereby request that Commercial Partners Exchange Company, LLC ("CPEC1031") act as Qualified Intermediary for this transaction, which the undersigned intends to structure as a tax deferred exchange under Section 1031 of the Internal Revenue Code. This Application is made so that CPE may properly prepare the exchange agreement, assignments and instructions, which will be signed at (or prior to) the above referenced closings.

Signature of Exchangor: _____ Date: _____

Signature of Exchangor: _____ Date: _____

RELINQUISHED PROPERTY - REALTOR INFORMATION

Name of Realtor: _____

Name of Firm: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Second Phone: (____) _____

Fax: (____) _____ Email: _____

RELINQUISHED PROPERTY - CLOSING INFORMATION

Title Company closing the Relinquished Property: _____

Name of Closer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Second Phone: (____) _____

Fax: (____) _____ Email: _____

ACCOUNTANT/ATTORNEY INFORMATION

Name of Accountant or Attorney: _____

Name of Firm: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Second Phone: (____) _____

Fax: (____) _____ Email: _____

REPLACEMENT PROPERTY INFORMATION
(Optional - Fill this in only if you know this information)

Sale Price: \$ _____ Projected Closing Date: _____

Name of the Seller of the Replacement Property: _____

Street Address: _____

City: _____ State: _____ Zip: _____

REPLACEMENT PROPERTY - REALTOR INFORMATION

Name of Realtor: _____

Name of Firm: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Second Phone: (____) _____

Fax: (____) _____ Email: _____

REPLACEMENT PROPERTY - CLOSING INFORMATION
(Optional - Fill this in only if you know this information)

Title Company closing of the Replacement Property: _____

Name of Closer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Second Phone: (____) _____