

# 1031 Customer Application - Commercial Partners Exchange

PHONE (612) 337-2470 FAX (612) 643-1039

## 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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Second Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## RELINQUISHED PROPERTY INFORMATION

Sale Price: \$ \_\_\_\_\_ Projected Closing Date: \_\_\_\_\_

Name that the Relinquished Property is titled in: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: (optional) \_\_\_\_\_

County Tax Parcel Identification Number: \_\_\_\_\_

## RELINQUISHED PROPERTY - CLOSING INFORMATION

Title Company closing the Relinquished Property: \_\_\_\_\_

Name of Closer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Second Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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**RELINQUISHED PROPERTY - REALTOR INFORMATION**

Name of Realtor: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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 - REALTOR INFORMATION**

Name of Realtor: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Second Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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## REPLACEMENT PROPERTY INFORMATION

Sale Price: \$ \_\_\_\_\_ Projected Closing Date: \_\_\_\_\_

Name of the Seller of the Replacement Property: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: (optional) \_\_\_\_\_

County Tax Parcel Identification Number: \_\_\_\_\_

## REPLACEMENT PROPERTY - CLOSING INFORMATION

Title Company closing of the Replacement Property: \_\_\_\_\_

Name of Closer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Second Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## EXCHANGOR/TAXPAYER SIGNATURE

The undersigned hereby request that Commercial Partners Exchange Company, LLC ("CPE") 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 the above referenced closings.

Signature of Exchangor(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Exchangor(s): \_\_\_\_\_ Date: \_\_\_\_\_