

1031 Exchange Client Intake Form

Press "Tab" to move between fields to complete document

1. Primary contact for this exchange:

(If Different from Above)

a. Name of Exchangor (Person(s) or Entity exchanging property):

b. Name of person(s) who will sign the documents individually, or as a member or agent of the entity owning the property being exchanged:

2. Primary contact's phone number:

3. Primary contact's email:

4. Primary contact's mailing address:

5. Relinquished Property Address:

6. Closing Date of first property transaction (if known):

7. Exchange type being considered:

Regular/Forward Improvement Reverse Unknown

8. Is this the first-time working with CXI?

Yes No

9. How did you hear about us?