



New Mexico

Council of Exchangers Inc.

Creative Real Estate Marketing & Exchanging

www.newmexicocouncilofexchangers.com

2025 NMCE REGIONAL

PACKAGE FORM

Date: _____

Price: _____

Fee: _____

MLS: _____

Package Title: _____

Location/Address: _____

Have or Need:

Encumbrances: Balance(s): _____ Payment(s): _____ Int. Rate(s): _____ Balloon(s) When? _____ Can Be Moved?
(Mtg Breakdown) _____ Yes No

Equity: _____ **Income:** _____ **Expenses:** _____

Why Does Not Want: (Specific problem)

Wants: (Specific benefits)

Will Consider:

Remarks:

Client: _____

Counselor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I hereby certify that I have a _____ month exclusive listing on the property.

License No: _____