

FLORIDA HOMETOWN

TITLE & ESCROW

Please complete form and return via fax or email to one of the contacts below. Thank you.

File Number: _____

Property Address: _____

BUYER(S) INFO:

NAME(S): _____

CURRENT ADDRESS: _____

ADDRESS AFTER CLOSING: _____

last 5 digits of SS#: _____ last 5 digits of SS#: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

MARITAL STATUS as of the date of closing: MARRIED _____ SINGLE _____

LOCAL _____ MAILAWAY _____

BUYER(S) LENDER:

NAME: _____

PHONE #: _____ FAX #: _____

CONTACT PERSON: _____

COMMISSION BREAKDOWN/ AGENT INFO:

COMMISSION: _____ % SPLIT: _____

DO YOU CHARGE A BROKER FLAT FEE? YES _____ NO _____ AMOUNT:

\$ _____

YOUR E-MAIL ADDRESS: _____

CELL PHONE #: _____

ADDITIONAL INFORMATION: _____

LaBalle- Fax: 239.415.6216 or Email: melissa@flhometowntitle.com

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