



DEPOSIT/COMMISSION & ADDRESS VERIFICATION FORM

Date: _____

to: _____

to: _____

Re: _____

Property address: _____

Please complete the following information and return it to our office at your earliest convenience so we may promptly and properly disburse the above transaction scheduled to close on or before (closing date).

Action Title Services is holding in escrow \$ _____

Are you holding any earnest money deposits? YES / NO (circle one), if yes, how much? _____

Are there any rents that will need to be prorated or collected at closing: YES / NO (circle one).

Total Commission to be paid is _____ % based on \$ _____, the commission is disbursed in the following manner:

_____ % or \$ _____ to:!

_____ % or \$ _____ to:!

_____ % or \$ _____ to: _____

*Processing fee due to selling broker: \$ _____, if none please indicate.

*Processing fee due to listing broker: \$ _____, if none please indicate.

Please advise if you would like to: _____ pick up your check
_____ have it mailed (provide mailing address)
_____ wired, provide wiring instructions

Please verify your customer's Information:

Address: _____

Phone: _____ (mobile) _____ (home) _____ (office)

Email Address: _____

Selling Agent signature: _____ Date: _____

Agent license # _____ Broker license # _____

Listing Agent signature: _____ Date: _____

Agent license # _____ Broker license # _____

3733 Tamiami Trail North, Naples, FL 34103
Phone: (239) 262-2200 Fax: (239) 262-8664

Please Fax this Form to: (239) 262-8664 or email to: customerservice@actiontitenaples.com

Thank You! ☺