

# SIESTA TITLE AND ESCROW SERVICES LLC

## Real Estate Closing Form – SELLER’S AGENT

866 Tamiami Trail, Unit 1, Port Charlotte, FL 33953

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E-mail: [Info@SiestaTitle.com](mailto:Info@SiestaTitle.com) | Website: [www.SiestaTitle.com](http://www.SiestaTitle.com)

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

Listing Office: \_\_\_\_\_ Agent: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Commission: \_\_\_\_\_ Broker or Transaction Fee: \_\_\_\_\_

Broker’s License #: \_\_\_\_\_ Agent’s License #: \_\_\_\_\_

Sales Price: \_\_\_\_\_ Deposit: \_\_\_\_\_ Held at: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Mail Away: \_\_\_\_\_

Seller’s Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mortgage Lender (If applicable): \_\_\_\_\_ Amount: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional items to be put on the HUD to be PAID by SELLER:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Please complete this form in its ENTIRETY!!!**

Once this form has been completely filled out, save and then e-mail to [Info@SiestaTitle.com](mailto:Info@SiestaTitle.com)