

SIESTA TITLE AND ESCROW SERVICES LLC

Real Estate Closing Form – BUYER’S AGENT

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

Phone: (941) 889-7744 | Fax: (941) 889-7747

E-mail: Info@SiestaTitle.com | Website: www.SiestaTitle.com

Today’s Date: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Selling Office: _____ Agent: _____

Agent Phone: _____ E-mail: _____

Commission: _____ Broker or Transaction Fee: _____

Broker’s License #: _____ Agent’s License #: _____

Purchase Price: _____ Deposit: _____ Held at: _____

Closing Date: _____ Mail Away: _____

Buyer’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