



ALL FLORIDA CLOSING INFORMATION FORM

Closing Date: _____

Sale Price: _____

Property Address: _____

SELLER:

BUYER:

Name(s): _____

Name(s): _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address After Closing: _____

Address After Closing: _____

Real Estate Broker: _____

Real Estate Broker: _____

Real Estate Agent: _____

Real Estate Agent: _____

Company: _____

Company: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Commission Amount: _____

Commission Amount: _____

Additional Commission: _____

Additional Commission: _____

Broker State License No.: _____

Broker State License No.: _____

Agent State License No.: _____

Agent State License No.: _____

SELLER:

BUYER:

_____ All Cash or _____ Financing

Existing Mortgage Holder (if any):

Lender Name: _____

Name/Loan No.: _____

Contact Person: _____

Phone: _____

Phone: _____

Social Security or other TaxPayer Identification Number: _____

Email: _____

[PLEASE PROVIDE TO US BY PHONE.
DO NOT EMAIL OR FAX.]

HOA/Condo Association:

Buyer's Inspectors & Contact Info:

Name: _____

Property Manager: _____

Phone: _____

Email: _____

Buyer's Surveyor & Contact Info:

Buyer's Insurance Agent & Contact Info:
