



TRANSACTION INFORMATION FORM

FAX NUMBER FOR TITLE COMPANY: _____

PHONE NUMBER FOR TITLE COMPANY: _____

CHECK ONE:

- Offer
 Pending Sale
 Terminated/Dead Sale

Attached MLS Sheet: _____ YES

Today's Date: _____

MLS Number: _____

Seller: _____

Buyer: _____

Property Address: _____

Sales Price: _____

List Price: _____

Selling Office: (Buyer's Agency) _____

Selling Associate: (Buyer's Agent) _____

Listing Office: (Seller's agency) _____

Listing Associate: (Seller's Agency) _____

Initial Escrow Deposit Amount: \$ _____

Being Held at: _____

Additional Escrow Deposit: \$ _____

Due: _____

(Please attach Copy of Check being deposited)

Closing Date: _____

Closing Agent/Agency: _____

Note: If deposit is to be in an Interest Bearing Account, please attach W-9 Form completed and signed

www.naplessunrealty.com

3757 Tamiami Trail North

Naples, Florida 34103 239-649-1990 Phone

239-649-1980 Fax