



429 1<sup>st</sup> Street South  
Winter Haven, FL 33880

**CLOSING INSTRUCTIONS**

Office: (863) 508-1085  
Fax: (863) 508-1089

FILE # \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SELLERS	BUYER
NAME(S): _____ _____ SS NUMBER(S): _____ _____ MARITAL STATUS: _____ ADDRESS: _____ _____ CITY/STATE/ZIP: _____ PHONE: _____ MAIL-AWAY: YES ___ NO ___	NAME(S): _____ _____ MARITAL STATUS: _____ ADDRESS: _____ _____ CITY/STATE/ZIP: _____ PHONE: _____ MAIL-AWAY: YES ___ NO ___
PAYOFF INFORMATION	NEW FINANCING \$ _____
1 <sup>ST</sup> MTG HOLDER: _____ ACCOUNT #: _____ PHONE #: _____ 2 <sup>ND</sup> MTG HOLDER: _____ ACCOUNT #: _____ PHONE #: _____	LENDER: _____ (circle one)      FHA      VA      CONV ADDRESS: _____ _____ PHONE #: _____ FAX #: _____ CONTACT PERSON: _____
HOME WARRANTY: YES ___ NO ___ COMPANY: _____ AMOUNT: \$ _____ PAID BY?: B ___ S ___	TITLE COMPANY TO ORDER? TERMITE: YES ___ NO ___ SURVEY: YES ___ NO ___
HOMEOWNER'S ASSOC: YES ___ NO ___ MANAGEMENT COMP: _____ CONTACT: _____ PHONE #: _____ FAX #: _____	HAZARD INSURANCE: COMPANY: _____ PREMIUM: \$ _____ POC?: YES ___ NO ___ PHONE #: _____ FAX #: _____
LISTING OFFICE: _____ AGENT: _____ PHONE #: _____ FAX #: _____ COMMISSION: _____	SELLING OFFICE: _____ AGENT: _____ PHONE #: _____ FAX #: _____ COMMISSION: _____