

Reliant Title Group, Inc. dba Volusia Title Services

109 West Rich Avenue

Deland FL 32720

Ph. (386) 279-4828 / Fax. (386)279-0048

vt@relianttitlegroup.com

BUYER'S INFORMATION SHEET

Purchaser(s):

File No.:

Property Address:

Closing Date:

The following information listed herein is to facilitate your closing. You may either fax, email or mail this form back to us. If you choose to phone in this information, please speak with Patsy Dorph.

Correct spelling of your name(s) and social security numbers: **(Please print)**

Home Phone No.: _____

Work Phone No.: _____

Fax Machine No.: _____

Email: _____

A. How do you wish your name(s) to appear on the Warranty Deed?

IF APPLICABLE - TITLE MUST BE TAKEN EXACTLY AS YOU HAVE APPLIED FOR YOUR LOAN.

B. After closing mailing address for County Tax Information

C. If your purchase is to be financed by a Mortgage, please complete:

Name of Lender: _____

Name of Mortgage Broker: _____

Contact Person: _____

Address: _____

Telephone: _____

D. Will you and your spouse (if applicable) be present for closing? Yes No

If you will not be present for closing, please provide a physical address and phone number to _____ which the closing documents should be sent by overnight courier.

E. Please tell us the name of the Homeowners Insurance Company, if applicable.

Name: _____ Phone: _____

F. Did you make application with homeowner/condominium Association?

Yes No

Name and phone number of Management Company:

Please return this form to:

**Reliant Title Group, Inc. Dba Volusia Title Services
109 West Rich Avenue
Deland, FL 32720**

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Email: carol@relianttitlegroup.com