FL Title & Escrow Co.
1801 S Ocean Dr, Suite H, Hallandale Beach, FL 33009 | (888) 784-1723

Buyer Information Form

Fill out on a computer or print and complete by hand. Return it to likh@fltitle.co or bring it to our office. Fields marked * are required. You can also complete this form online at https://buyer.fltitle.co

PROPERTY

Property address *

File number (if known)

BUYER TYPE

Buyer type *

◯ Individual ◯ Married couple ◯ Trust / Estate ◯ Business / LLC

BUYER 1

Full legal name (as on photo ID) *

Phone * **Email ***

Marital status / spouse name

Mailing address after closing

Entity or trust name / state of formation (if applicable)

BUYER 2 (IF ANY)

Full legal name (as on photo ID)

Phone **Email**

Marital status / spouse name

Mailing address after closing

Entity or trust name / state of formation (if applicable)

VESTING

How should ownership appear on the deed? Choose one. If unsure, ask your attorney before signing; this choice can affect inheritance and ownership rights.

Vesting *

- ◯ **Sole Ownership**
  One person owns 100% of the property.
- ◯ **Tenants by the Entirety**
  Married spouses own together; the surviving spouse automatically owns the property.
- ◯ **Joint Tenants with Right of Survivorship**
  Two or more owners; a deceased owner's share passes to the surviving owners.
- ◯ **Tenants in Common**
  Two or more owners; shares may differ and do not automatically pass to co-owners.
- ◯ **Other / Entity / Trust**
  Specify the exact vesting language with your attorney or title agent.

If "Other / Entity / Trust" above: exact vesting language

CLOSING ATTENDANCE

Will all buyers attend closing at 1801 S Ocean Dr, Suite H, Hallandale Beach, FL 33009? *

◯ Yes ◯ No

If "No" above: who will not attend, and where will they be on the closing date?

Please bring a valid government-issued photo ID to closing.

BUYER AUTHORIZATION

I/we authorize FL Title & Escrow Co. to share transaction documents with involved professionals, including agents, lenders and attorneys, as needed for closing. I/we agree to reimburse authorized contract-related expenses incurred on our behalf, even if the transaction does not close. No legal advice is provided. I/we authorize distribution of the ALTA Settlement Statement to transaction professionals and my attorney.

☐ I/we agree to the buyer authorization above. *

COMMENTS AND SIGNATURE

Comments (optional)

Sign by hand after printing, or type your full name in the signature box to sign electronically. By signing, I confirm that the information in this form is true and complete.

Buyer 1 signature *

Date

Printed name

Buyer 2 signature (if any)

Date

Printed name