



Buyer Information Form

Please complete this form to help assist us with your closing.

Correct **SPELLING** of your Name: _____

Your name as it appears on your Driver's License: _____

Social Security Number (necessary for IRS Tax Reporting): _____

Current Address: _____

Contact Phone Number: _____ Email Address: _____

Marital Status: Single or Married

If Married, provide the correct **SPELLING** of Spouse's Name: _____

Spouse's name as it appears on Driver's License: _____

Spouse's Social Security Number (necessary for IRS Tax Reporting): _____

Contact Phone Number: _____ Email Address: _____

Are you a **US citizen**: Yes or No

If No, do you have a U.S. Permanent Residence Card and Social Security Card: Yes or No *

***Note: For Non US Citizens:** You will need to provide a copy of both US Permanent Residence card and Social Security card to our office for closing.

Property Usage: Primary Residence Second Home Investment Property

If Second Home or Investment Property, please provide address where title policies and future tax bills will be mailed:

Will you be obtaining financing to purchase this property: Yes or No

If Yes, please provide:

Name of Lender: _____

Contact Name: _____ Phone Number: _____

How will you be taking title to the property? _____
If you are taking title as a Corporation, LLC, or Partnership, please email the specific entity formation documents, as well as authorization for specific signatories for the entity.

Will you be attending the closing: Yes or No

If no, would you like closing documents sent: Email or UPS

Email: Email Address: _____

NOTE: For emailed documents, you must have ability to print both letter size and legal size PDF documents, have access to a notary and two (2) witness.

UPS: Overnight Address (Cannot be PO Box or APO's) _____

PLEASE RETURN THE COMPLETED FORM TO:

Jill Flowers: Fax: 239-433-1496 OR Email: JFlowers@AtlasTitleSWFL.com

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