

NAPLES TITLE, INC.
4851 Tamiami Trail N., Suite 202
Naples, FL 34103
239-643-1844
239-643-5744 (Fax)

COMMISSION VERIFICATION:

To: _____

Agent Name

Office

Phone:

Fax:

Please complete, sign and return this commission verification by fax to 239-643-5744 to insure correct disbursement of funds for the below referenced transaction. Thank you.

Seller/Buyer: _____ / _____

Seller Name

Buyer Name

Property Address:

Total Commission: _____ %

Split: _____ % _____ Realty Co.

_____ % _____ Realty Co.

Please verify any REGULATORY FEES or DOCUMENT PROCESSING FEES charged to the Seller and/or Buyer by your respective companies.

Seller \$ _____ Fee Type: _____

Buyer \$ _____ Fee Type: _____

If you are holding a deposit for this transaction, please verify the amount held: \$ _____

Send commission check to this address: _____

Do you have an Owner's Title Insurance Policy? Yes No

If Yes, please include a copy.

Signature: _____