



First Integrity TITLE, INC.

3838 Tamiami Trail North, Suite 301, Naples, FL 34103
Office: 239-261-5353 Fax: 239-261-6363
www.FirstIntegrityTitle.us

Buyer Questionnaire

Closing Date: _____ Escrow Officer: _____
Property Address: _____

In order to properly prepare your legal documents, please print or type the following information:

Purchaser's Full Legal Name: _____	Purchaser's Full Legal Name: _____
Phone: _____	Phone: _____
Phone: _____	Phone: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____

A. Please print your name and address exactly how Title will be held (this is the address you will receive your tax bill):

B. How do you wish to take Title:

_____ **1. Tenants by the entirety** (applies only to husband and wife)

Means that upon the death of one party, the legal Title automatically passes to the surviving spouse.

_____ **2. Tenants in common**

Means each party owns an undivided interest and upon the death of a party, his/her interest passes to his/her Estate and not the surviving Co-Tenant

_____ **3. Joint Tenants with full rights of survivorship**

Means that upon the death of a party, Title passes immediately to the surviving Joint Tenant(s) and not his/her Estate. This does not apply to husband and wife, who should check #1 above.

_____ **4. Individuals may take Title as:**

Please check one for each Individual taking Title

_____ a Married Man / Woman

_____ a Single Man / Woman

_____ an Unremarried Widow / Widower

_____ **5. Corporation or Partnership; Please indicate the type of Entity:**

_____ Corporation

_____ General Partnership

_____ Limited Partnership

_____ Limited Liability Company

The State or Country created: _____



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_____ 6. Trusts; If the property is to be held in a Trust: (Please provide a copy of the Trust)

Name of Trust: _____
Name of Trustee(s): _____

PLEASE VERIFY: _____ This is a cash transaction
_____ I am obtaining financing

C. If your purchase is to be financed, please state the Name and Address of the Lender. If you have not already made application for a mortgage, please do so immediately, as lenders require approximately 45-60 days

Name of Lender: _____
Name of Mortgage Broker: _____
Contact Person: _____
Address: _____
Phone #: _____ Fax #: _____
Email Address: _____

D. If you are obtaining financing, your Lender will require a survey. Please sign below to give us authorization

to order a survey. ***If you are purchasing a condo, a survey is not necessary***

If you are paying cash, would you like First Integrity Title, Inc. to order a survey for you? () Yes () No

*If yes, please sign below to authorize us to order a survey

I, _____, hereby authorize First Integrity Title, Inc. to order a survey on my behalf
and acknowledge that it is a Buyer's expense. X _____

E. Will you be present for Closing? () YES () NO

If not, please provide an **OVERNIGHT** address for the Closing Documents to be delivered (must be a physical address):

F. Did you make application with the Homeowner / Condominium Association?

() Yes () No () Not Applicable

G. PLEASE INITIAL ONE:

_____ We hereby authorize First Integrity Title, Inc. to collect \$30 at closing for document storage and imaging. We will receive 24/7 access to our imaged file for future use; or

_____ We do not require 24/7 access to our imaged file and our document storage fee will be \$10 and collected at closing”.

PLEASE NOTE THAT WE CANNOT ACCEPT PERSONAL CHECKS FOR THE CASH DUE AT CLOSING. THE CASH DUE WILL NEED TO BE IN THE FORM OF A WIRE TRANSFER OR CASHIER'S CHECK.

Should you have any questions, please do not hesitate to contact our office.
First Integrity Title, Inc.