



COMMISSION VERIFICATION REQUEST
SELLING AGENT

Buyer: _____ Seller: _____

Property Address: _____

Closing Date: _____

Please complete the following information and fax/email this form back to my attention at 239-261-6363.

Selling Agent/Company: _____

Selling Commission: _____% \$_____

Transaction Fee: \$_____

PLEASE SEND MY COMMISSION:

___ **VIA REGULAR MAIL TO:** _____

**** PLEASE ALLOW 5-7 BUSINESS DAYS FOR DELIVERY**

___ **VIA WIRE TRANSFER AT NO CHARGE**

****PLEASE PROVIDE WIRING INSTRUCTIONS WITH THIS FORM. PLEASE PROVIDE YOUR BANK'S FULL ADDRESS AND YOUR ACCOUNT HOLDER'S FULL ADDRESS**

___ **VIA FEDERAL EXPRESS TO:** _____

PLEASE PROVIDE FED EX ACCT #: _____

THANK YOU,

**First Integrity Title, Inc.
3838 Tamiami Trail N, Suite 301
Naples, FL 34103
Office: 239-261-5353
Fax: 239-261-6363**