



900 W. Granada Blvd Ste 2
Ormond Beach FL 32174
386-672-3840 *Fax 386-868-0245
Title@RealtyProTitle.com

Closing Services Directive

Name: _____ Company: _____
Best contact number: _____ Address: _____
Email: _____
License Number: _____ Company License: _____

Realty Pro Title may contact my clients:

Directly Always call me first Never

Do you have an Assistant you want us to work through?

Yes No

If so, name & contact information: _____

What is your preferred method of contact?

Email Telephone Call

Do you typically attend closings?

Yes No

Who would you like us to contact to schedule closings?

Myself My Client

Do you charge a Transaction Fee?

Yes No If so, how much? \$ _____

Special Instructions: _____
