
Timeshare Closings for Less, Inc.

1540 International Parkway Suite 2000 • Lake Mary Florida 32746

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sbell@timeshareclosingsforless.com

Owner name(s): _____

Resort name: _____ Contract / Account Number: _____

I / we hereby authorize the resort to release any account information to Timeshare Closings for Less, Inc.

Signature: _____ Date: _____

Signature: _____ Date: _____

Information below to be completed by resort representative.

Week Number: _____ Unit Number: _____ Lock Off: Yes No Annual Usage: Yes No

Is Week Number Fixed? Yes No Is Unit Number Fixed? Yes No

Point Value : _____ # of Bedrooms: _____ # of Baths: _____ New owner first year of use: _____

Check in day (if applicable): _____ Season: _____

Is use reserved / banked for 2016? Yes No Date and reservation number: _____

Is use reserved / banked for 2017? Yes No Date and reservation number: _____

Is this a RCI Points account: Yes No If yes, do points transfer if resale: Yes No

Annual maintenance fees: _____ Paid thru: _____

Are taxes included in HOA fees: Yes No Any pending assessments: Yes No

Assessor Parcel Number / Tax ID: _____

Resort transfer fee: _____ Deeded or RTU: _____

Is mortgage paid in full: Yes No If no, amount owed? _____

Does the resort allow a transfer into a company name or trust? Yes No

Does resort require a first right of refusal? Yes No

Additional information required to complete transfer: _____

Resort Verification: I/we state that the above information is correct and true as of the date below. I/we also agree to waive the resort's first right of refusal if applicable.

Resort Representative Signature and Title

Date