

COMMISSION VERIFICATION REQUEST LISTING AGENT

| Buyer: | Seller: |
|--|--|
| Property Address: | |
| Closing Date: | |
| Please complete the follow | ving information and fax/email this form back to my attention at 239-261-6363. |
| Listing Agent/Company: | : |
| Listing Commission: | % \$ |
| Transaction Fee: | \$ |
| ** PLEASE ALL VIA WIRE TRAI **PLEASE PRO' YOUR BANK'S I VIA FEDERAL H | MAIL TO:OW 5-7 BUSINESS DAYS FOR DELIVERY NSFER AT NO CHARGE VIDE WIRING INSTRUCTIONS WITH THIS FORM. PLEASE PROVIDE FULL ADDRESS AND YOUR ACCOUNT HOLDER'S FULL ADDRESS EXPRESS TO: DE FED EX ACCT #: |
| THANK YOU, | |