
Timeshare Closings for Less, Inc.

1540 International Parkway Suite 200 • Lake Mary Florida 32746
407 - 536 - 5119 office • 321 – 250 – 7465 fax

I do hereby give permission to TCFL, Inc. to inquire into my account status at the following resort:

Owner name(s): _____

Resort name: _____

Resort address: _____

Unit number: _____ Unit size: _____ Week no: _____

Points based: _____ Annual usage: _____

First year available? _____ Contract Number: _____

Do any banked points / weeks transfer to new owner? _____

Annual maintenance fee: _____ Paid thru: _____

Do you receive a separate tax bill? _____ Amount: _____

Resort transfer fee: _____ Deeded or RTU: _____

Mortgage paid in full: _____

This request operates to enable TCFL, Inc the right to obtain any and all information relating to my / our timeshare ownership at the above mentioned resort.

Signature: _____ Date: _____

RESORT REPRESENTATIVE SIGNATURE ONLY BELOW THIS LINE

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