Timeshare Closings for Less, Inc. 1540 International Parkway Suite 2000 • Lake Mary Florida 32746 407 - 536 - 5119 office • 321 - 250 - 7465 fax 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	r:]	Lock Off:	Yes	No	Annual Usage:	Yes	No	
Is Week Number Fixed?	Yes	No	Is U	Jnit Number Fixe	ed?	Yes	No		
Point Value :	lue : # of Bedrooms:			# of Baths: New owner first year of use:					
Check in day (if applicable):	eck in day (if applicable):				Season:				
Is use reserved / banked for	?	Yes	No	Date and reservation number:					
Is use reserved / banked for	?	Yes	No	Date and reservation number:					
Is this a RCI Points account:		Yes	No	If yes, do points	transfer if r	esale:	Yes	No	
Annual maintenance fees:	nce fees: Paid thru:								
Are taxes included in HOA fees:	Yes	No		Any pending as	sessments:	Yes	No		
Assessor Parcel Number / Tax ID					_				
Resort transfer fee:				Deeded or RTU:					
Is mortgage paid in full:	Yes	No		If no, amou	nt owed?				
Does the resort allow a transfer into a company name or trust? Yes									
Does resort require a first right of refusal?				No					
Addiditonal 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.