

QUICKCLOSE[™] REPRESENTATIVE INFORMATION RELEASE AGREEMENT

Last	: Name:	_ First Name:			
Cor	npany Name:				
Street Address:		_ City:	State:	Zip Code:	
Telephone Number:		_ Cell Phone Number:			
Email Address:		Fax Number:			
1.	By initialing, representative agrees to comply with all state and federal regulations, including but not limited to those regarding information provided to Covenant by Representativ for the benefit of the Registered Seller(s).	ve Representativ o	e's Initials		
2.	Representative is required to notify Covenant Closing & Title Services (Covenant) within ten business days of any changes to the information provided on this registration form.				
3	By initialing, representative acknowledges receipt of a copy of Covenant's <i>QuickClose</i> Closing & Title Services Agreement.	Representativ	e's Initials		
4.	Representative hereby authorizes Covenant permission to contact any customer registrant signs up to the <i>QuickClose</i> Program				

- 5. Representative acknowledges that Covenant will provide various property materials to Registered Seller(s), including virtual reality tours and aerial photographs. These property materials are paid for by Seller(s), provided for Seller(s) use and benefit, and remain the property of Covenant.
- 6. Covenant authorizes representative to execute the *QuickClose* Agreement on its behalf.

I, _______ (print name), certify that I will maintain any and all required professional licenses. I further certify that I have reviewed and understand the *QuickClose* Closing & Title Services Agreement. I **understand and agree that I will not receive any compensation whatsoever for signing up customers to this program on behalf of Covenant**. I understand that Seller has paid for all property materials provided to Seller by Covenant. These property materials are for the Seller's use and benefit and remain the property of Covenant.

Furthermore, I understand that my representation of Covenant is limited to this program alone. Further, that I am not to make any commitments on behalf of Covenant's services or fees, relating to this program or any other business-related activities. I declare that all applicable local, state, federal laws and regulations will be adhered to in offering this program to the public.

Representative Signature

Covenant Representative Signature

____/ ____/ ____

____/ ____/ ____

By (print name of Covenant Representative)

Are you a new customer to Covenant Closing & Title Services

Yes No

Indepth Title Solutions, Inc. dba Covenant Closing & Title Services © 2017 4879 Palm Coast Parkway NW, Suite 4, Palm Coast, FL 32137 * 386.986.4623 QuickClose™ Patent Pending