

Quality Timeshare Closings, Inc.

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SELLER'S RELEASE FORM

Date: _____

TO WHOM IT MAY CONCERN:

RESORT: _____

ACCOUNT #: _____

UNIT/WEEK: _____

YOU ARE HEREBY REQUESTED TO RELEASE VERIFICATION INFORMATION TO MY TRANSACTION COORDINATION COMPANY, **QUALITY TIMESHARE CLOSINGS**, AND THE REAL ESTATE BROKER/(S) NAMED ON THE CONTRACT AND COMMISSION INSTRUCTION, AS APPLICABLE, FOR THEIR USE IN PROCESSING MY TRANSACTION, AS I AM SELLING THE ABOVE REFERENCED OWNERSHIP. PLEASE RELEASE FORMS DIRECTLY TO QUALITY AT ADDRESS FAX OR EMAIL SHOWN ABOVE.

ALSO, IF YOU RETAIN THE RIGHT OF FIRST REFUSAL, I HEREBY REQUEST THAT YOU WAIVE THIS RIGHT IN ORDER FOR MY TRANSACTION TO BE COMPLETED AS IS. PLEASE FAX YOUR WAIVER TO *THE REQUESTOR* AS SOON AS POSSIBLE.

SELLER 1 SIGNATURE

SELLER 2 SIGNATURE

PRINTED NAME

PRINTED NAME

FILE #: Q _____