



RENTAL DEPOSIT

Rental proposed Occupancy Date: _____

Listing Agent: _____ Phone: _____

Company: _____

Email Address: _____

Selling Agent: _____ Phone: _____

Company: _____

Email Address: _____

Seller/Landlord: _____ Phone: _____

Buyer/Tenant: _____ Phone: _____

Property Street: _____

City: _____ State _____ Zip _____

1st Deposit \$ _____ Date: _____ 2nd Deposit \$ _____ Date: _____

3rd Deposit \$ _____ Date: _____ Security Deposit \$ _____

- Any rental checks received within 15 days of occupancy or funding must be a cashier's check, money order or wire transfer. **Cash and personal checks are NOT acceptable.**
- Please submit this form along with a copy of the Lease Contract
- Allow 24 hours for disbursement checks.
- In addition, please transfer the initial deposit in the amount of \$ _____ for a prior offer to the property located at: _____

That prior offer: _____ has not been accepted

_____ has not been approved by condo association

_____ Lease was withdrawn or cancelled*

* If cancelled, please submit with this form a copy of the signed "Release of Deposit" form.

700 NE 90th Street, Miami FL 33138

*Phone: 786-762-2716 *Fax: 888-638-3934*

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