

TULA

NORTH BAY VILLAGE

Client Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Phone: _____

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Broker Information

First Name: _____ Last Name: _____

Brokerage: _____ License #: _____

Email: _____ Phone: _____

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Reason for Purchase: Primary Residence Secondary Vacation Home Investment

Desired Residence: 1 Bedroom 2 Bedroom 3 Bedroom Penthouse

Price Range: _____

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How did you hear about us? Check all that apply:

- | | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Press | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Social Media | <input type="checkbox"/> Site Signage |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Print Advertising | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Event | |
-

Client Signature*: _____ Date: _____

*This Client information will be treated as confidential.

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ADMINISTRATION ONLY

In-house Sales Agent: _____

Initial Visit: Appointment Phone Internet