

Date: _____

Agent Name: _____

CLIENT INFORMATION WORKSHEET

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Driving License No. _____ Expiry Date: _____

UNIT INFORMATION

Type of Business: _____

Square Footage: _____

Building No. _____ Unit No. _____

Any Special Requirements: _____

(Example: Zoning)

Comments: _____

Deposit Structure: 5% Today
5% 60 Days
5% 120 Days
5% 180 Days

Total Deposit required on occupancy is 30%

I authorize RE/MAX GOLD TEAM to email any upcoming project information. I confirm that I am not working with any other Real Estate Agent and I am not under Buyer Representation Agreement with any other Real Estate Brokerage/ Agent.

Client's Signature