



2699 S. Bayshore Drive, Coconut Grove, FL 33133
Broker & Client Registration

Date: _____
Client(s) Name: _____
Primary Address: _____
Country of Residence: _____
Cell Phone: _____ Email: _____

Initial Visit:

- ☐ Walk-In with Broker ☐ Walk-In without Broker ☐ Phone Call ☐ Email/Internet
☐ Referral ☐ Other: _____

How did you hear about us?

- ☐ eBlast ☐ Word of Mouth ☐ Magazine
☐ Outdoor Advertising ☐ Broker ☐ Event
☐ Referral ☐ Internet ☐ Four Seasons

Other/Media Source: _____

Reason for Purchase:

- ☐ Primary Residence ☐ 2nd/Vacation Home ☐ Investor ☐ Other: _____

Residence Type:

- ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedrooms ☐ Penthouse

Target Price Range:

- ☐ \$6M to \$8M ☐ \$8M to \$10M ☐ \$10M to \$12M ☐ \$12M and Up

COOPERATING BROKER INFORMATION: (if none please specify)

Agent Name: _____ Brokerage Firm: _____
Address: _____
Email: _____ Cell Phone: _____

Prospect registrations with a cooperating broker are valid for Ninety (90) days (or as extended) from the date of registration. Any cooperating broker commission shall be due and payable to the terms of the fully executed Cooperating Brokerage Agreement between the cooperating broker and developer. Any prospect who initially registers without a broker shall be registered to the seller for a period of 12 months from initial registration.

Client Signature:

Cooperating Broker Signature

In House Sales Representative Signature

