

FORTÉ

CLIENT INFORMATION

DATE _____

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ EMAIL _____

BROKER INFORMATION

FIRST NAME Jacqueline Zimmerman LAST NAME Adam Zimmerman

BROKER COMPANY Douglas Elliman

STREET ADDRESS 340 Royal Poinciana Way CITY Palm Beach STATE FL ZIP 33480 COUNTRY USA

PHONE (561) 906-7152 EMAIL adam.zimmerman@elliman.com

IS THIS THE VISITOR'S FIRST TIME?

YES NO

HOW DID YOU LEARN ABOUT US?

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> FORTEWPB.COM | <input type="checkbox"/> DRIVE BY | <input checked="" type="checkbox"/> BROKER | <input type="checkbox"/> DIRECT MAIL |
| <input type="checkbox"/> NEWSPAPER/MAGAZINE | <input type="checkbox"/> EVENTS/OPEN HOUSE | <input type="checkbox"/> SIGNAGE | <input type="checkbox"/> E-BLAST |
| <input type="checkbox"/> REFERRAL | <input type="checkbox"/> ONLINE SEARCH | <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> OTHER |

DESIRED RESIDENCE TYPE

- HALF FLOOR FULL FLOOR PENTHOUSE

CLIENT SIGNATURE* _____

COMMENTS

ADMINISTRATION ONLY

TYPE OF VISIT WALK-IN APPOINTMENT REVISIT BROKER PHONE INQUIRY

IN-HOUSE AGENT _____



*This Client information will be treated as confidential. The Broker information for Client will be registered with Developer provided the Broker delivers Developer's Co-Broker Registration Agreement with Client's signed purchase offer within sixty (60) days from the above date.