

POTENTIAL CLIENT INQUIRY FORM

NAME: _____

COMPANY NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

☐ LEASE

☐ PURCHASE / SELL

POTENTIAL USE FOR THIS SPACE: _____

SQUARE FEET NEEDED: _____

MONTHLY RENT RATE BUDGET: _____

ARE YOU ABLE TO PRESENT PROOF OF FUNDS: _____

WILL YOU BE NEEDING A LOAN: _____

PLEASE LIST THE AREAS OF TOWN THAT YOU ARE INTERESTED IN: _____

EXTRA DETAILS YOU WANT US TO KNOW: _____

PLEASE NOTE THE FOLLOWING:

ALL CLIENTS WILL BE REQUIRED TO SIGN AN EXCLUSIVE AGREEMENT - NO ADDRESSES OR PERTINANT INFORMATION WILL BE GIVEN TO INQUIRERS UNTIL THIS HAS BEEN EXECUTED.

IF LEASING OR PURCHASING, ALL CLIENTS ARE REQUIRED TO SUBMIT PROOF OF FUNDS.

KINDLY FILL AND RETURN THIS FORM WITH A DIGITAL SIGNATURE TO:

TIFFANY.BAKER@CBCMETROBROKERS.COM

BE SIGNING AND RETURNING THIS FORM DOES IT, IN NO WAY, CONSTITUTE A CLIENT/AGENT RELATIONSHIP. IT IS STRICTLY USED AS AN INQUIRY FORM AND A SIGNATURE IS USED AS AN UNDERSTANDING THAT YOU HAVE READ THE ABOVE NOTATIONS.

A CLIENT/AGENT RELATIONSHIP WILL START ONCE AN EXCLUSIVE AGREEMENT HAS BEEN EXECUTED BY BOTH PARTIES: THE AGENT FROM ATLANTA COMMERCIAL REALTY SALES & LEASING, AND THE CLIENT LISTED ON THIS FORM.