OASIS
HALLANDALE

DATE _____ AGENT _____

GUEST CONTACT INFORMATION:

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Cell Phone Number: _____

Alternate Number: _____

INITIAL VISIT ☐ Yes ☐ No

☐ Walk-in with Broker ☐ Walk-in ☐ Phone Inquiry ☐ Referral: _____

☐ Internet ☐ Appointment ☐ Presentation ☐ Other: _____

WHAT ARE YOU LOOKING FOR?

☐ 1 Bed ☐ 2 Bed ☐ 3 Bed ☐ PH Commercial

REASON OF PURCHASE: ☐ Primary Residence ☐ Vacation/2nd Home ☐ Other:

BROKER INFORMATION

Office Name: _____

Broker Name: _____

Agent's Name: _____ License Number: _____

Email Address: _____ Phone number: _____

HOW DID YOU HEARD ABOUT THE PROJECT? (Please check all that apply)

☐ Online Advertising ☐ Website ☐ Referred by _____

☐ My Broker ☐ E-mail ☐ Drove by

☐ Magazine: _____ ☐ Newspaper: _____

☐ Event: _____ ☐ Other: _____

ADDITIONAL COMMENTS: _____

ORAL REPRESENTATIONS CANNOT BE RELIED UPON AS CORRECTLY STATING THE REPRESENTATIONS OF THE DEVELOPER. FOR CORRECT REPRESENTATIONS, MAKE REFERENCE TO THE DOCUMENTS REQUIRED BY SECTION 718.503, FLORIDA STATUTES, TO BE FURNISHED BY A DEVELOPER TO A BUYER OR LESSEE.