

BROKER REFERRAL FORM

Please PRINT and complete the information and <u>FAX</u> to 603/415-8745

Name of Cli	ient:					
Address Clie	ent:		City:		State:	Zip:
Telephone:	()	Fax: ()		E-mail:		
Client Signa	ture:					
Agent's Na	me:					
Address:			City:		State:	Zip:
Telephone:	()	Fax: ()		E-mail:		
Broker/Ager	nt Signature:					
Property De	scription: [] 333 Ro	scoe Boulevard So., B 1 st Street South, Ja	Ponte Vedra Be cksonville Beac	ach FL h FL		
	deemed to EARN a Co owing conditions have b		of up to two and	one-half percen	(2.5%) of Fina	al Hammer Price
(i) (ii) (iii) (iv) (v) (vi)	with Auctioneer – 60 Client is NOT regist Broker/Agent shows Broker/Agent attend Broker/Agent may r Client complies with	agent registers the aborn 3-415-8745. ered with any other Brost the property to Client dis the auction with or for act as principal in the all terms and condition and closes on the August 15-45.	oker/Agent. PRIOR to the Liver the Client and list transaction, urens of the Live August 1986.	ve Auction. represents Clien nless disclosure ction sale, is the	t during Escrov is made in adv Successful Hi	w Period. ance of auction. ghest Bidder on
Auctione	er acknowledges	receipt of above	referral.			
Received by:				Date:		
	nt must receive Fax ack				actual receipt.	It is the

