



For Internal Use Only

Date of Offer: _____ IN2ITION Salesperson: _____
Suite Number: 201 Tower: 2 Floorplan: 01 Level No.: 2 Unit No.: 1

Please check off one of the following, if YES continued to the section below.

Associated Co-operating Agent: ☐ YES ☐ NO

Broker Co-operation Information Sheet

In2ition Status of Co-operating Agent:

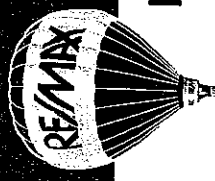
General ☐

VIP ☐

Exclusive ☐

Commission Rate Offered: _____

OFFER NOTES:



RE/MAX
West Realty Inc. Brokerage
Independently Owned and Operated.

Michael Clementino
Sales Representative

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