



For Internal Use Only

Date of Offer: _____ IN2ITION Salesperson: _____
Suite Number: 3510 Tower: 2 Floorplan: 7 Level No.: 34 Unit No.: 10

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 ☐

Attach Business Card Here

Commission Rate Offered: _____

OFFER NOTES:
