

For Internal Use Only

Date of Offer: _____ IN2ITION Salesperson: _____
Suite Number: _____ Tower: _____ Floorplan: _____ Level No.: _____ Unit No.: _____

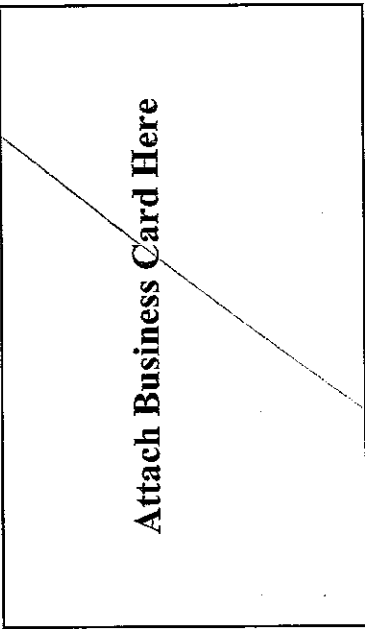
Please check off one of the following, if YES continued to the section below.

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:

Exclusive Broker:

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