



THE RESIDENCES

SIX FISHER ISLAND



BARNES INTERNATIONAL REALTY

Miami

Client Information

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Phone: _____

Broker Information

First Name: _____ Last Name: _____

Brokerage: _____

Email: _____ Phone: _____

Reason for Purchase: Primary Residence Secondary/Vacation Home Investment

Desired Residence: 3 Bedroom 4 Bedroom 5 Bedroom Combination Penthouse Villa

Price Range: _____

Are you a current resident of Fisher Island? Yes No

Are you a member of Fisher Island Club? Yes No

If you answered no to the above, how did you hear about The Residences Six Fisher Island?

Broker/Realtor Site Signage Event Referral Online Search Editorial

Other: _____

Client Signature*: _____ Date: _____

*This Client information will be treated as confidential. The Broker information for Client will be registered with Developer provided the Broker delivers Developer's Co-Broker Registration Agreement with Client's signed purchase offer within 90 days from the above date. Client must sign in order for registration to be valid.

ADMINISTRATION ONLY

In-house Sales Agent: _____

Initial Visit: Appointment Phone Internet