



For Internal Use Only

Date of Offer: _____ IN2ITION Salesperson: _____
Suite Number: 307 Tower: 2 Floorplan: 10 Level No.: 7 Unit No.: 3

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:

Attach Business Card Here