



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 ☐

Attach Business Card Here

Commission Rate Offered: _____

OFFER NOTES:

No Broker

Exclusive Broker:

in2ition
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