



SALES APPLICATION

Must be returned 10 days prior to closing to: 1025 Capri Isles Blvd #25 Venice, FL

The following information pertains to the Sale of Unit#: _____ Closing Date: _____

Buyer Name(s) _____ DOB: _____

Additional Buyer: _____ DOB: _____

Current Address: _____ # of Years: _____

Mailing Address: _____

Phone: _____ Email: _____

Is the Buyer an Individual, Corporation, Partnership or LLC? _____

Number of persons occupying the unit: _____ Names: _____

Purchasing the unit for: Personal Housing _____ Rental to Others _____ Housing for Relative _____

Will the Unit be occupied or rented on a seasonal basis, or other part-time period? _____

Specify _____

Will the Unit contain any pets? _____ If YES describe Breed _____ Height _____ Weight _____

Most recent residence references: Name: _____ Phone: _____

Email: _____

Prospective Buyer & residents Driver's License (attach copies): _____

Vehicle(s) Make: _____ Color: _____ Year: _____

License Plate(s) #: _____ State: _____

(Maximum 2 vehicles per unit)

Has any Buyer's driver's License been suspended, revoked or restricted: Yes _____ No _____

Are there Motorcycle endorsements: Yes: _____ No: _____

