

# REALTORS GUEST REGISTER

Address:

DATE:

When do you need a home?

Now ( ) 1-3 Months ( ) 3-6 Months ( )

Do You: Own ( ) Rent ( )

Are you working with an Agent?

Yes ( ) No ( )

Agent: \_\_\_\_\_

Are you pre approved for a loan?

Lender: \_\_\_\_\_

Name:

Address:

City:

St:

Zip:

Phone:

Fax:

Email:

Cell:

Occupation:

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