

# BROKER/CLIENT REGISTRATION

PHONE: 702.648.9919 FAX: 702.853.0060



**STREAMLINE TOWER**  
THE DOORSTEP OF A NEW DOWNTOWN

DATE \_\_\_\_\_ TIME \_\_\_\_\_

## CLIENT INFORMATION

Name ( Mr. Mrs. Ms. Dr. ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HM) \_\_\_\_\_ (WK) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ (Fax) \_\_\_\_\_

## REAL ESTATE AGENT/BROKER INFORMATION

Name \_\_\_\_\_ License# \_\_\_\_\_

Brokerage Name \_\_\_\_\_

Brokerage Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Brokerage Tax ID # \_\_\_\_\_

Office Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

We have read, understand and agree to comply with the Broker Registration and Commission Agreement of Streamline Tower, LLC.

Real Estate Agent Signature \_\_\_\_\_

Client Signature \_\_\_\_\_

### **Thank You For Your Referral**

Please Direct any comments to the Streamline Tower Realtor Relations Coordinator at (702) 648-9919  
Fax Number (702) 853-0060

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#### For Office Use Only

Sales Associate Assigned \_\_\_\_\_ Comm% \_\_\_\_\_ Payout Terms \_\_\_\_\_

Registration Approved and Accepted by \_\_\_\_\_ %Down (EMD) \_\_\_\_\_

1st visit Date \_\_\_\_\_ Last Visit Date \_\_\_\_\_

Contract Date \_\_\_\_\_ Est COE \_\_\_\_\_ Floorplan \_\_\_\_\_ Unit# \_\_\_\_\_

WALK-IN

PHONE-IN