

THE RIGHT LOCATOR THE BEST APARTMENT

TO RECEIVE REBATE:

CLIENTS INFORMATION

NAME _____
EMAIL _____
MOVE IN DATE _____

DATE _____
PHONE NUMBER _____
LEASE TERM _____

APARTMENT INFORMATION

COMMUNITY _____
ADDRESS _____
MNGR'S NAME _____
PHONE _____

LEASING AGENT _____
APT # _____
MGMT COMPANY _____
FAX NUMBER _____

Please Do Not Write Below This Line (Apartment Personnel Only).

INVOICE AMOUNT

Size of Apartment (circle one): 1 bedroom 2 bedroom 3 bedroom other _____

\$ _____ @ _____ %+ _____ =\$ _____
Rental Rate Commission Bonus if Applicable Invoice Amount

AUTHORIZATION

Authorized Rep Date Signature

- By Signing this contract you designate the apartment complex listed above with pay My Apartment Locator the state total commissions

PLEASE FAX BACK TO (469) 549-1342