

Broker Gate Registration Form

(Please fill out all information and leave a business card.)



SCOTTSDALE
SHADOWS

Date: _____ Time: _____ Bldg. / Unit: _____

Realtor Name: _____ Realtor Company: _____

Realtor Signature: _____ Phone: _____

Unit Owner Name: _____

Sale: _____ Lease: _____

Client Name: _____