

Zwick Realty Group
Total Realty Corp.
New Client Application

Name: _____

Address: _____

City: _____ Zip Code: _____

Home: _____ Work: _____

Cell/Pager: _____ Fax: _____

E-Mail: _____

1. Are you interested in a PRIMARY RESIDENCE or INVESTMENT PROPERTY? (Circle One)
2. What is your time frame for purchasing a home? (Circle One Below)
Next 3 Months :: 6 Months to 12 Months :: 12 Months or Later
3. Are you Pre-Approved with a lender? (YES or NO or Cash Deal) (Circle One)
4. Have you purchased a foreclosed home before? (YES or NO) (Circle One)
5. Have you owned a home any time in the last three years?
6. Other comments:

Please send your completed application for our team's review to:

1. PLEASE FAX YOUR APPLICATION TO US AT 407-403-5940.

2. MAIL TO OUR OFFICE AT:

Zwick Realty Group
Total Realty Corp.
2683 S. Woodland Blvd.
DeLand, FL. 32720

FOR Zwick Realty Group USE ONLY

Denied _____ Accepted _____