

RESALE PACKET REQUEST

PLEASE PROVIDE THE FOLLOWING INFORMATION

Agency Name: _____

Contact Name & Number: _____

Date of Closing: _____

Seller's Name: _____

Association Name: _____

Property Address: _____

Buyer's Name: _____

Will Buyer be Occupying Unit? _____

If No, Provide Mailing Address: _____

Buyer's Telephone Number: _____

Please send the first 4 pages of the Agreement of Sale along with your check.

RESALE PACKET FEES

_____ \$200.00 Resale Packet – Includes the required Resale Certificate for the unit, financial reports, and a complete copy of the most current Association Documents.

_____ \$15.00 Priority USPS Shipping Address: _____

_____ \$0.00 Will Pickup at B.C. Property Management

Please make check payable to B. C. Property Management, Inc. Cash is accepted if exact amount is hand delivered to our office. Payments are to be made prior to or at the time of pickup. Completed forms may be printed and delivered by fax, USPS or in person to our office.

For Office Use Only

Date Received: _____ Check# _____ Amount: \$ _____ Packet Due Date: _____

Signature at Time of Pick-up: _____ Date: _____