



2036 John Rolfe Parkway
Richmond, Virginia 23238
(804) 726-8556 **Phone** / (804) 726-8557 **Fax**

Co-Broker Registration Request Form

Thank you for your interest in working with CAS Associates, Incorporated as a cooperating broker. CAS Associates, Inc. will consider Co-Brokerage with other licensed Real Estate Brokers if their Client/Customer is **NOT** already registered with CAS Associates, Inc. The following document is the registration request that will need to be filled out in its entirety. In order to be considered for registration with CAS Associates, Inc., please remit the following information by fax to (804) 726-8557 Attention: Steve Albis.

Once CAS Associates, Inc. receives your completed "Co-Broker Registration Form" we will review your request and we will notify you in writing if we accept your registration. If there is no conflict with the prospect you have registered, we will forward a Co-Brokerage Agreement to you, that will need to be executed by the prospect as well as your real estate firm. The Co-Brokerage Agreement will set forth the commission arrangement and other conditions pertaining to the sale of the property. CAS Associates, Inc. only allows the registration of a single property for a single Client/Customer. This request for registration applies only to the potential Client/Customer listed below to whom you seek the request for and cannot be transferred to other potential Client/Customers. **Please note this form should not be construed as an accepted registration; it is only a request for consideration.**

IF ANY OF THE INFORMATION IS NOT PROVIDED, THIS REGISTRATION WILL BE REJECTED

PLEASE DO NOT CALL WITH COMMENTS OR TO NEGOTIATE THE TERMS OF THIS FORM

Date: _____

Property Description: _____

Co-Broker Information:

Co-Broker Name: _____

Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

License #: _____

Office Phone: _____

Office Fax: _____

E-mail: _____

Website: _____

Potential Client / Customer Information:

Prospects Full Name: _____

Entity's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

Office Fax: _____

E-mail: _____

**** Potential Purchaser's Partners, Investors or Affiliates to whom the property information will be shared with:**

(1) Partner / Investor / Affiliate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

E-mail: _____

(2) Partner / Investor / Affiliate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

E-mail: _____

** If the potential prospect plans to joint venture and/or partner with other investors, all names must be submitted in conjunction with this request. If all parties are not included herein and the above party, at a later date, contracts for the purchase of the property listed above with an investor other than listed herein, this registration request will become VOID, and any accepted co-brokerage agreement/relationship regarding this request for registration will terminate.

I have read and understand the terms and condition of this request for registration. CAS Associates, Inc. reserves the right to accept or decline any registration.

(X) _____

Signature of Broker

Date