



Grand Oaks of Aiken

WHERE QUALITY HOMES AND THE QUALITY OF LIFE MEET

REALTOR® BUYER REGISTRATION FORM

FAX TO : 803.643.3935 **ATTN:** CHRISTY OSBON / ROBYN KARLE

Fax From: _____

Name: _____

Phone: (____) _____ - _____ **Fax:** (____) _____ - _____

Date: _____ **Time:** _____ AM / PM

By completing this registration form the broker or associate discloses that it is acting in the capacity of Buyer's Agent. The undersigned REALTOR® is introducing their client for the purpose of accomplishing a registration of said client for the purpose of viewing property within Grand Oaks of Aiken subdivision.

Client: _____

Address: _____

_____ Phone: (____) _____ - _____

Email: _____ **Main Interest:** Please Circle HOME LOT CONDO

Realtor®: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Receive By: _____ **Date:** _____