

RE/MAX Center LEASE INPUT FORM

AGENT NAME _____ DATE: _____

DO YOU REPRESENT BUYER: _____ OR SELLER/LANDLORD: _____

FMLS #: _____ GA MLS #: _____

DO YOU REPRESENT: ___ LANDLORD* ___ TENANT ___ BOTH

*if representing landlord are you managing the property? ___ yes ___ no

PROPERTY INFORMATION

IS RMCR Leasing Services Handling this Transaction (\$15/mo. Charge)? ___ YES ___ NO

STREET ADDRESS: _____

SUBDIVISION: _____

CITY: _____ STATE: GA ZIP: _____ COUNTY: _____

*Please note, any new Property Management Agreements must be managed through Leasing Service unless prior approval from Broker.

CONTACT INFORMATION

DATE LEASED: ___/___/___ LEASE END DATE: ___/___/___ LISTED IN FMLS: ___ YES ___ NO

RENTAL RATE: \$ _____ SECURITY DEPOSIT: \$ _____

AGENT'S COMMISSION: \$ _____

HELD BY: ___ RE/MAX CENTER* ___ LANDLORD ___ OTHER: _____

*security deposit can only be held by re/max center with management agreement on file

CO-OP INFORMATION

AGENT NAME: _____ COMPANY NAME: _____

COMPANY ADDRESS: _____

TAX ID (Attach W-9): _____ COMMISSION AMOUNT: \$ _____

TENANT INFORMATION

NAME: _____

PHONE: _____ EMAIL: _____

IF MANAGED BY LEASING SERVICES

PRORATED RENT AMOUNT: \$ _____ DUE ON: ___/___/___

PET FEE: \$ _____ DEPOSIT AMOUNT \$ _____ DUE ON: ___/___/___

RESERVATION FEE: \$ _____ DUE: ___/___/___ ADMIN FEE: \$ _____ DUE: ___/___/___

LANDLORD'S NAME: _____ PHONE: _____

EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

OWNER'S SSN OR TAX ID (Attach W-9): _____

OWNER PAYMENTS: DIRECT DEPOSIT (Attach Form) _____ MAILED (\$3 Fee) _____

MISCELLANEOUS DEDUCTIONS

CMN: \$ _____

Office Fees: \$ _____

Other: \$ _____ For: _____

DOCUMENTS MUST BE LEGIBLE

TURN IN LEASE WITH EXHIBITS & DISCLOSURES

PAPERWORK MAY BE SUBMITTED TO THE OFFICE BY:

1. Move appFile to Leases in Broker Inbox
2. Drop off paperwork in New Business Box
3. Email to forms@remaxcenter.appfiles.com