## PALM TERRACE APARTMENTS, INC.

c/o ARGUS MANAGEMENT OF VENICE, INC. 1062 E. Venice Avenue, VENICE, FL 34285 PHONE: 941 408-7413 FAX: 941 408-7419

Barbara O'Grady (Association Manager) Barbara@argusvenice.com

## SALE APPLICATION PLEASE RETURN TO ARGUS 30 DAYS PRIOR TO CLOSING

The following information is pertaining	ing to the sale of Unit # _		
Current Owners:			
Buyer's Name: (1)			
(2)		Age	
What Type of Residence Will This B	Be: Full Time	Part Time Rental	
Permanent Address:			
Employer's Name and Address: (1)_			
Employer's Name and Address: (2)_			
Phone#(1)	Email (1)		
Phone#(2)	Email (2)		
Vehicle Make: (1)	Tag (1):		
(2)	Tag (2):		
Only one parking spot is guarantee	ed per unit:		
Driver's License copies Rec'd:			
Emergency contact:	phone:		
By signing below, I agree to red Documents and Rules and Regularies is true to the best of my know I/Wee acknowledge and give approto be performed.	llations and affirm tha owledge and belief.	t information contained	
Buyer Signature	Buyer Sig	Buyer Signature	
Closing Date of Sale:	Agent:	****	
BOARD ACTION: Approved:			
Signature:	Title:		