

AUBURN HAMMOCKS OWNERS ASSOCIATION, INC.

c/o Argus Management of Venice, Inc.

1062 E. Venice Ave. Venice, FL 34285

Office: 941-408-7413 ~ Fax: 941-408-7419

Visit www.argusvenice.com for Manager's Email Address

SALES APPLICATION

I/we hereby make application to the Board of Directors for a request to purchase a unit.

Property Address: _____

Present Owner's Name: _____

Phone: _____ Email Address: _____

Purchase Price: _____ Closing Date: _____

Purchaser(s) Name/s: _____

Present Address: _____

Purchaser's Email Address: _____

Employer's Name: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

If Retired- Previous Occupation: _____

Telephone: Home: _____ Cellular: _____ Work: _____

Name of All Occupants:

Name: _____ Name: _____

Name: _____ Name: _____

Make/Modell of Vehicle(s) _____ Year: _____

Color: _____ License No: _____ State: _____

Make/Modell of Vehicle(s) _____ Year: _____

Color: _____ License No: _____ State: _____

PETS: YES _____ NO _____ How Many: _____ What Type: _____

Sales Agent Information

Company Name: _____

Company Address: _____

Agent's Name: _____

Email Address: _____

Office#: _____ Fax#: _____ Cell#: _____

AUBURN HAMMOCKS OWNERS ASSOCIATION, INC.

c/o Argus Management of Venice, Inc.
1062 E. Venice Ave. Venice, FL 34285
Office: 941-408-7413 ~ Fax: 941-408-7419
Visit www.argusvenice.com for Manager's Email Address

**I agree to abide by the Association's Declaration of Covenants,
Conditions and Restriction, Its Articles of Incorporation, By-Laws
and any Rules and Regulations.**

Buyer's Signature/s: _____

Print Name: _____

Buyer's Signature/s: _____

Print Name: _____

Date: _____

**** Board of Directors Use Only ****

Approved: _____ Denied: _____ Copy to Owner/Agent: _____

Signature: _____ Title: _____ Date: _____