

MIRABELLA CONDOMINIUM ASSOCIATION, INC.

c/o Argus Management of Venice, Inc.
1062 East Venice Avenue ~ Venice, Florida 34285
Office: (941) 408-7413 ~ Fax: (941) 408-7419

SALES APPLICATION

I/We hereby make application to the Board of Directors for a request to purchase a unit.
A \$75.00 non-refundable application fee is required and made payable to: Mirabella Condo Assn.
Board reserves the right for an interview with the buyer.

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 Address: _____ City: _____ State: _____ Zip: _____

If Retired- Previous Occupation: _____

Telephone: Home: _____ Office: _____ Work: _____

Name and Ages of All Occupants:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Make/Model of Vehicles(s): _____ Year: _____

Color: _____ License No.: _____ State: _____

Make/Model of Vehicles(s): _____ Year: _____

Color: _____ License No.: _____ State: _____

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

Felony Disclosure: YES: _____ NO: _____

Sales Agent Information:

Company Name: _____

Company Address: _____

Agent's Name: _____

Email Address: _____

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

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**I Agree To Abide By The Association's Declaration Of Condominium, Its
Articles Of Incorporation, By-Laws, and 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:** _____