## Terrace Villas of St. Andrews Park Association, Inc.

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## **SALES APPLICATION**

PLEASE PRINT LEGIBLY				
Seller's Name:	ller's Name: Contact #:			
			Date of Closing:	
Buyer's Name(s):		Contact	: #:	
Present Address:				
Buyer's Email:		Contact #:		
Employed By:				
Employed By:				
Mailing Address for Correspond	ence:			
Is this a Personal Residence:	Part Time:	Ro	ental:	
<b>Vehicle Information</b>				
Make, Model & Color:		Year:	Tag & State:	
Make, Model & Color:		Year:	Tag & State:	
• • • • • • • • • • • • • • • • • • • •	C		rictions and By-Laws. The Buyer(s) by signing in the space provided.	
Buyer's Signature			Date:	
Buyer's Signature			_ Date:	
Agent:		Phoi	ne:	
Agent Email :				
BOARD ACTION:				
Approved:	Denied:			
Signature:				
Date: Title	•			

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