



# FOUR SEASONS

PRIVATE RESIDENCES

706 MISSION, SAN FRANCISCO

A 706 MISSION STREET CO, LLC DEVELOPMENT

DATE \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

PHONE (with area code)

EMAIL

**How did you hear about Four Seasons Private Residences at 706 Mission, San Francisco?**

**Are you working with a Real Estate Broker/Agent?**

YES  NO

If yes, please see back of form.

**Which residence type are you interested in?**

ONE BEDROOM  TWO BEDROOM  THREE BEDROOM  PENTHOUSE

**Target price range:**

<\$5 MILLION  \$5 MILLION +  \$10 MILLION +  \$15 MILLION +

**Buyers accompanied by Brokers/Agents:** If you have been accompanied on your first visit to Four Seasons Private Residences at 706 Mission, San Francisco by a Broker/Agent, that Broker/Agent acknowledges they are acting as your Buyer Agent and may be eligible for a referral fee subject to the terms of the Broker Registration and Commission Agreement ("Broker Agreement"). To be eligible, the Broker/Agent needs to complete the information set forth below, execute the Broker Agreement and meet the requirements of the terms of the Broker Agreement. This Registration is valid for ninety (90) days from the date hereof. In the event Buyer's purchase occurs after this registration expires, no referral fee shall be paid to the Broker/Agent. Upon expiration of this registration, Broker/Agent and Buyer may mutually agree to reregister Buyer for another ninety (90) day period.

**Broker's statement:** I have accompanied the prospective purchaser named on this registration card on his/her/their first visit to Four Seasons Private Residences at 706 Mission, San Francisco. I understand that I will be entitled to a referral fee if the requirements of the Broker Agreement are met. I recognize the Broker Agreement must be executed by the Broker/Agent, Buyer and an authorized representative of the Seller/Sponsor to be effective. I represent that I am licensed as a Real Estate Broker or Agent under the laws of the State in which this community is located.

**BROKER/AGENT**

\_\_\_\_\_  
BROKERAGE FIRM

\_\_\_\_\_  
BROKER/AGENT NAME (print)

\_\_\_\_\_  
BROKER/AGENT PHONE

\_\_\_\_\_  
BROKER/AGENT EMAIL

\_\_\_\_\_  
SIGNATURE OF BROKER/AGENT

\_\_\_\_\_  
DATE

Office  
706 Mission Street Co, LLC  
735 Market Street, Suite 602  
San Francisco, CA 94103

Gallery  
Four Seasons Hotel  
757 Market Street, 5th Floor  
San Francisco, CA 94103

**CLIENTS**

\_\_\_\_\_  
CLIENT NAME (print)

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT NAME (print)

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE

415.534.6750 Tel  
info@706SF.com

