

## **Transaction Information Sheet**

Date Submitted:

Lease Property Information	
Leased Property Address:	
Move-in Date:	
Commission Amount:	
Client Information Required	
Resident Name:	
Resident Cell Phone:	
Resident Email:	
Agent Information	
Agent Name:	
Agent License#:	
Agent Cell Phone:	
Agent Email:	
Brokerage Information	
Broker Company Name:	Broker Company License#:
Designated Broker (if any):	Designated Broker License#:
<ul> <li>If this is your first time leasing with us, please include a copy of your brokerage's W-9</li> </ul>	
Fill in this form and email to MLS@TBDM.com before your referral submits application form	
Email to MLS@TBDM.com for questions and payment process	
This form is prepared by TBD Management, LLC (#9009522) to verify commission eligibility	

