



COMPLETE BUILDER
SERVICE INC.

Office: (866) 513-2110 EFax: (909) 284-4001 Email: orders@completebuilderservice.com

To: CBSI Contingency Sales Coordinator: _____ DATE: _____

From: Community Agent: _____ BUILDER: _____

Community Name: _____ PHONE# _____

Location/City: _____

SELLER'S EDGE / SELLER'S REBATE/Seller's Benefits PROGRAM

Builder representative acknowledges that Complete Builder Service Inc. / Lisa Riess will be Co-Op broker of record for the below stated client.

Broker Co-Op Amount: % _____ Dollar amount if flat rate: \$ _____
(The above amount or percentage is what community is offering for broker co-op)

X _____
Community Representative Signature

New Home Base Price \$ _____

Name of Client: _____

Residence Property address: _____

Residence Phone No. _____ Business Phone: _____

Client E-mail: _____ Cell Phone: _____

_____ Home is not listed _____ Home is currently listed _____ Prepare BACK-UP BPO
_____ Client is considering purchase of new home _____ Client purchased new Home
_____ Contingency Program _____ The Sellers Edge(SEP)/Sellers Benefit (SBP)

Purchase Price _____ LOT# _____ PLAN# _____ PHASE _____

Cash to Close Escrow _____ Projected Completion Date: _____

Comments: _____

SELLER AND CBS, INC. DO NOT HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER. SELLER AND CBS, INC. ARE NOT AFFILIATED COMPANIES IN ANY MANNER. SELLER DOES NOT REPRESENT OR WARRANT CBS, INC.'S FEES, COMMISSIONS AND/OR REBATE OFFERS, OR OTHER PROMOTIONAL OFFERS TO BUYER.

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