



# THE PALISADES

at Squaw Valley

## BROKER CLIENT REGISTRATION FORM

### CLIENT INFORMATION

First Name

---

Last Name

---

Company  
Name

---

---

Street

---

City

---

State

---

ZIP/Postal

---

Email

---

Phone

---

Client Signature

---

Date

---

### BROKER/AGENT INFORMATION

Agent First Name

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Agent Last Name

---

Brokerage  
Legal Name

---

---

Office Street

---

City

---

State

---

ZIP/Postal

---

Email

---

Phone

---

Broker/Agent Signature

---

Date

---

License #

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By checking this box, the broker also acknowledges receiving and accepting Palisades Sales and Marketing Broker Policies.

Date Received by Palisades Sales and Marketing  
Cal DRE #01781565