

BUYER'S QUESTIONNAIRE



EMAIL TO: GLOBALOWNER@LNF.COM AND TO
GLOBALOWNERINVEST@GMAIL.COM

Information is treated as Strictly Confidential by our office

NAME of Client	
Acting on behalf of:	
ADDRESS	
City, Country	
Telephone no.	
Fax number no.	
Cell Phone no.	
e-mail	

DESIRED PROPERTY	
Country, State/Province to Buy	
City, Neighborhood, Zip or Post Code(s) if available	
Please enter [YES] to all the categories below that describe the Desired Property	
Residential <input type="checkbox"/>	Single family <input type="checkbox"/> Town home <input type="checkbox"/> Condo/flat <input type="checkbox"/>
Commercial <input type="checkbox"/>	Apartment Bldg <input type="checkbox"/> Office Bldg <input type="checkbox"/> Hotel <input type="checkbox"/>
Lot-Land <input type="checkbox"/>	Other (describe) <input type="text"/>
Lot Size <input type="text"/>	Living Space Size <input type="text"/>
Price Range (currency) From <input type="text"/>	To <input type="text"/>
No. Bedrooms <input type="text"/>	No. Full baths <input type="text"/> No. Half Baths <input type="text"/>
Other Rooms / Facilities	<input type="text"/>
Special Features	<input type="text"/>

Date(s) Available to Visit Properties	
Date Property Needed by:	
	FINANCING
	CASH ____ LOAN REQUIRED ____ <i>(Please check one)</i>
	IF CASH: Name of Financial Institution to provide PROOF OF FUNDS: _____
	Branch:
Name of Bank/Mortgage Co.	
Name of Loan Officer	
Telephone no.	Fax no.
e-mail	
	OFFICE USE ONLY:
Date Request Submitted	
Action/Follow-up	