

STAR REALTY SELLING

LEAD FORM

Kailash Patel 514-232-5320

Ref: _____

Date: _____

Name: _____

Address: _____

City: _____ Province: QUEBEC

Postal Code: _____

Home Number: _____

Cell Number: _____

Work Number _____ Ext _____

Fax: _____

Email. _____

CORPORATION NUMBER: _____

LOCATION DESCRIPTION: _____

BUSINESS DESCRIPTION: _____

BUSINESS NAME: _____

APPROX SIZE: _____

OWNERS NAME: _____

WHY IS IT FOR SALE: _____

NOTES: