THE COURTS AT BOYNTON PLACE H.O.A., INC.

SALES APPLICATION

DATE OF SALE:		
DATE OF BIRTH:		
CELL PHONE:		
	_	
DATE OF BIRTH:		
CELL PHONE:		
NO. OF CHILDREN:		
IT NOT LISTED ABOVE:		
RELATIONSHIP AGE		
YEARS:		
YEARS:		
YEARS:WORK NUMBER:		
YEARS:WORK NUMBER:YEARS:		
YEARS:		
	CELL PHONE: DATE OF BIRTH: CELL PHONE: NO. OF CHILDREN: T NOT LISTED ABOVE: RELATIONSHIP	

THE COURTS AT BOYNTON PLACE H.O.A., INC.

	BANK INFORMATIO	<u>N</u>
BANK NAME:		-
ADDRESS:		ZIP CODE:
AGE OF ACCOUNT:	YEARS CHECKING: _	SAVINGS:
PHONE NUMBER:		
	CHARACTER REFEREN	CES
NAME:	PHON	E NUMBER#:
ADDRESS:		
NAME:	PHON	E NUMBER#:
ADDRESS:		
	AUTOMOBILE INFORMA	<u>TION</u>
VEHICLE #1		
MAKE:	MODEL:	YEAR:
TAG:	STATE:	
VEHICLE #2		
MAKE:	MODEL:	YEAR:
TAG:	STATE:	
VEHICLE #3		
MAKE:	MODEL:	YEAR:
TAG:	STATE:	
EMERGENCY CONTACT IN	FORMATION:	
NAME:		
PHONE:	RELATIONSH	IIP:
ADDRESS:		

THE COURTS AT BOYNTON PLACE H.O.A., INC.

- I (We) fully acknowledge and agree that the owner will not park a trailer, boat, van, camper, or commercial vehicle at the THE COURTS AT BOYNTON PLACE H.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of THE COURTS AT BOYNTON PLACE H.O.A., Inc. Owner must review the documents.
- Owner acknowledges that they are responsible for Association assessments each month.
- Attached is a non-refundable processing fee of \$75.00 made payable to Carolina Management Services, Inc. AND a \$100.00 per person or per married couple, application fee made payable to The Courts of Boynton Place H.O.A.
- <u>Please mail application and checks to: Carolina Management Services, Inc. P.O. Box 740425, Boynton Beach, FL 33474.</u>
- Please include a copy of a Driver's License for each applicant.
- If any question is left blank, this application will not be processed and it will be returned to you.
- Willful misrepresentation will void any contract or agreement entered in connection with this application.
- I (We) declare that the above information to be true and correct.
- I (We) release all parties from any loss, expenses, or damages sustained directly or indirectly from information or reports furnished to Carolina Management Services, Inc. and the Association.
- Please include a copy of the Sales Contract with this application.

BUYERS(S):	
	DATE:
	DATE: