

**EXCLUSIVE RIGHT TO REPRESENT BUYER OR TENANT AUTHORIZATION**

**I. Exclusive Right Appointment.**

A. You Buyer(s) or Lessee(s) \_\_\_\_\_ (Please Print) appoint ANDERSON ASSOCIATES, LTD., as your exclusive broker to assist you to locate and purchase, exchange, trade, option or lease real property acceptable to you, (the "Property").

**II. Geographical Area.**

A. This authorization is limited to Fairfield County, Connecticut.

**III. Term of Authorization.**

A. This authorization is in effect from \_\_\_\_\_ to \_\_\_\_\_, inclusive.

**IV. Broker's Duties.**

- A. We will attempt to locate the Property.
- B. We will negotiate on your behalf for terms and conditions agreeable to you.
- C. We will assist you in the purchase, exchange or lease, as the case may be, of the Property.
- D. We will act in your interest regarding the location and purchase, exchange or lease of the Property.
- E. We will not disclose any personal or financial information about you without your permission.

**V. Buyer's/Lessee's Duties.**

- A. You will tell us about all past and current contacts with any real property or any other real estate agents and refer all leads or information about the Property to us.
- B. You will cooperate with us and be reasonably available to examine real property.
- C. Upon request, you will give us financial and personal information regarding your purchase abilities and needs.
- D. Questions concerning the legal title to property, location of property boundaries, tax considerations, property inspection, engineering, or the uses or planned uses of neighboring properties should be referred to your attorney, tax advisor, building inspector or appropriate governmental agency.

**VI. Other Terms and Conditions.**

- A. You understand and agree that we may currently be or may also become a seller's or landlord's agent for the Property. In that event we would become dual agents, representing both you and the seller or landlord. If this situation should arise, we will promptly disclose all relevant information to you and discuss the appropriate course of action to take under the circumstances. We will also discuss a dual agency consent agreement with you and present a statutory form of such an agreement for your review and signature.
- B. You agree that we may represent other buyers or lessees.
- C. We may share and disclose information about you with other agents who offer real property to us.
- D. You will advise us immediately if you execute an exclusive buyer or lessee representation agreement or authorization with any other firm, covering a different geographical area. You represent that you have not signed any exclusive representation authorizations or agreements with any other broker or brokerage firm covering the same geographical area stated in this Authorization.
- E. You acknowledge receipt of this Authorization.

**VII. Fees.**

- A. If you rent or purchase a home listed on a Multiple Listing Service (MLS), we will collect our commission or fee from the seller, landlord or listing agency.
- B. In the event you wish to purchase or rent Property which is not listed on an MLS (is being sold or rented by the owner), you agree that if the Seller is unwilling to pay our fee of 2.5% of the purchase price or 3.75% of the yearly rental of the Property leased by you, that you will be responsible for our fee.

**VIII. Fair Housing.**

A. This Authorization is subject to the Connecticut General Statutes prohibiting discrimination in commercial and residential real estate transactions (C.G.S. Title 46a, Chapter 814c).

**IT IS UNLAWFUL UNDER FEDERAL AND/OR STATE LAW TO DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, SEXUAL ORIENTATION, MARITAL STATUS, AGE, LAWFUL SOURCE OF INCOME, LEARNING DISABILITY, MENTAL RETARDATION, FAMILIAL STATUS AND MENTAL OR PHYSICAL DISABILITY.**

REALTOR FIRM:  
**ANDERSON ASSOCIATES, LTD.**  
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Fax: 203-629-4786 / 203-531-9524  
www.GreenwichLiving.com

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BUYER/LESSEE

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BUYER/LESSEE

By: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone / E-mail

\_\_\_\_\_  
Date



**ANDERSON ASSOCIATES**