

Commission Advance Application

Agent Name _____ Date of Birth _____ Phone No. _____

Agent Address _____ E-mail Address _____

Property Address _____ MLS Number _____

Sale Amount _____ Closing Date _____ Deposit Amount _____

Brokerage _____ Phone Number _____

- All Purchase and Sale Agreement conditions have been met, and the full deposit has been made.
- I understand that Capital Growth's fees will be deducted from my commission advance.
- I agree to the Terms & Conditions (<http://www.capitalgrowth.ca/terms-conditions>).

Amount of commission advance requested (up to 90%, before CGFC fees): _____

Agent Signature _____ Date _____

Brokerage Contact _____ Title _____

(name of someone with signing authority; broker, owner, office manager, conveyance manager, etc)

Brokerage Signature _____ Date _____

Brokerage conveyancing email address to arrange repayment _____

Payment Details

Please ensure that your brokerage pays the commission to Capital Growth Financial Corporation within 10 days after the closing date.

Bank: 002 (Scotiabank)**Branch/Transit:** 70029**Account:** 0240419**CCP Number:** 6050591386206