

Ace Realty**T** 08 9364 9999**E** info@acerealty.com.au**W** acerealty.com.au

2/3 Riseley Street, Applecross WA 6153 - PO Box 1079, Canning Bridge Applecross WA 6153

Licensee: Ace Realty (WA) Pty Ltd - ABN: 97 059 522 673 - Licensed Real Estate Agent

**LETTER OF OFFER**

Date: _____

Ref: _____

PROPERTY ADDRESS: _____ ("the Property")

Office Use Only

Lot _____ Diagram/Survey/Strata/Deposited/Plan _____ Volume _____ Folio _____

BUYER'S FULL NAME: _____**ADDRESS:** _____**SUBURB:** _____ **STATE:** _____ **P/CODE:** _____**EMAIL ADDRESS:** _____**MOBILE NUMBER:** _____**BUYER'S FULL NAME:** _____**ADDRESS:** _____**SUBURB:** _____ **STATE:** _____ **P/CODE:** _____**EMAIL ADDRESS:** _____**MOBILE NUMBER:** _____☐ Sole Owner ☐ Joint Tenants ☐ Tenants in Common
If 'Tenants in Common' - please specify the undivided shares (i.e. 50/50, 80/20): _____**OFFER AMOUNT:** _____**DEPOSIT AMOUNT:** _____ to be paid within 7 days of acceptance.**FINANCE (LOAN)**☐ Applicable ☐ Not Applicable (i.e. cash offer)

If 'Applicable', i.e. subject to finance:

PRE-APPROVED? ☐ Y ☐ N
BORROWING AMOUNT: _____ (dollar amount or percentage)**DAYS REQ'D FOR APPROVAL:** _____ (i.e. 28 days)**SPECIAL CONDITIONS**

Do you require:

☐ Building/Structural Inspection ☐ Termite/Pest Inspection ☐ Working Order ☐ Other

If 'Other' - please specify: _____

SETTLEMENT DATE: _____ (i.e. "on or before 28 days from finance approval";
or a specific date)**SETTLEMENT AGENT:** _____ (if unknown, 'TBA' is sufficient)I/We the undersigned Buyer(s) provide the above information to Ace Realty for the purposes of
populating an O&A for the above-mentioned Property, to be presented to the Seller(s).**BUYER'S FULL NAME:** _____ **BUYER'S SIGNATURE:** _____ **DATE:** _____**BUYER'S FULL NAME:** _____ **BUYER'S SIGNATURE:** _____ **DATE:** _____Once complete, please email to sales@acerealty.com.au,
or SMS to 0419 367 999 (Frank Sanchez) or 0402 085 533 (Michael Quirici).