MARIO DANIEL SCONZA & PARTNERS- CLIENT AVAILABILITY FORM

BUYER NAME(S	5):			
First Name:		First Name:		
Last Name:		Last Name:		
Phone #:		Phone #:		
Email:		Email:		
BUYER AVAILA	BILITY:			
(Mornings 9 AM t	o 12 PM, Afternoon 12	PM to 5PM, Evenings 5PI	M to 9 PM)	
Weekends: (inse	ert checkmark where ap	plicable)		
Saturday	Sunday			
Morning	Morning			
Afternoon	Afternoon			
Evening	Evening			
Weekdays: (inse	rt checkmark where app	plicable)		
Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoo
Evening	Evening	Evening	Evening	Evening
FIRST SHOWING	G APPOINTMENT			
(First showing ap	pointment should be se	t within 72 hours of today))	
DATE:		TIME:		<u>_</u>
MEETING AT:	Buyer's Home	At Property		