

Ocean Star Estates Co-Ownership Reservation Agreement

Purchase Price Per Co-Ownership Unit: **U.S. \$19,971.00**
Number of Co-Ownership Units Being Purchased: _____
Total Purchase Price for All Co-Ownership Units: U.S. \$ _____

Buyer Information (please print clearly)

Note: Co-ownership units will be titled under the name of a Dominican Republic corporation.

(a) Individual's Name (100% ownership of unit[s]): _____

(b) Married Couple's Names (joint ownership of unit[s]): _____

(c) Individuals' Names (& % ownership of unit[s]): _____

(d) Business Name & Representative: _____

(e) Self-Directed IRA Name: _____

(If account not yet set up, custodian's name: _____)

Nationality, Country of Residence & Passport Number for Each Individual (a-c), Business Representative, or IRA Account Holder: _____

Contact Name: _____ Email Address: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone #: _____ Business Phone #: _____

Cell Phone #: _____ Fax #: _____

Deposit

U.S. \$997.00 PER CO-OWNERSHIP UNIT x _____ unit(s) = **U.S. \$** _____

IMPORTANT! Credit cards will not be processed/checks will not be deposited before the **4th business day** following the date of buyer's signature below. Deposit amount will be deducted from total purchase price to be paid. **TO CANCEL** this reservation, Ocean Star Estates must receive a *written* cancellation notice from buyer before said 4th business day. The cancellation must be signed and dated. Fax to 913-381-6081. There are **NO REFUNDS** on the deposit once this deadline has passed and payment has been received by us (i.e., you sent a check, or your credit card has been charged by us).

SELF-DIRECTED IRA: Checks will NOT be deposited/credits cards will NOT be processed. Total purchase price is to be paid through self-directed IRA. If reservation is cancelled and a refund is not due, the deposit will be processed. See paragraph above for cancellation/refund policy.

Deposit Payment Type (please print clearly)

(1) **Check/Money Order/Cashier's Check:** Amount: U.S. \$ _____ Check #: _____

NOTE: If faxing form, include a copy of the check you will be mailing, which must be received within 5 business days of receipt of this form.

(2) **Credit Card:** Amount: U.S. \$ _____ Card #: _____

Expiration Date: _____ Security Code: _____ (front or back of card)

Name on Credit Card: _____

Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Closing: Full payment of the total purchase price is due within 30 days of Buyer's signature date on this form. We reserve the right to cancel this reservation, with no deposit refund, if full payment is not made by this closing date.

The undersigned has read and understands the terms of this Co-Ownership Reservation Agreement:

Buyer's signature: _____ Date: _____

<i>Office use only</i>	Referral: _____
Processing date: _____	Processor's signature: _____

