

Date: _____

CLIENT AUTHORIZATION FORM

I hereby acknowledge that the name listed below:

Last Name	First Name	Maiden Name
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is my authorized SELLER of ROCKWELL LAND CORPORATION's project/s identified as follows:



I hereby authorize him/her as my SELLER OF CHOICE for a period of

- _____ 30 days
- _____ 60 days
- _____ 90 days

from date hereof. ROCKWELL LAND CORPORATION shall recognize and credit the SELLER herein mentioned and no other should I decide to purchase any of the units in any of the projects above-mentioned.

Name of Client: _____
 Home Tel. No. _____ Mobile No. _____
 Office Tel. No. _____ Fax No. _____ E-mail: _____

SIGNATURE OF CLIENT OVER PRINTED NAME

CONFORME:

SIGNATURE OF SELLER OVER PRINTED NAME



TO BE FILLED UP BY ROCKWELL LAND CORPORATION ONLY

Received by: _____

Date and Time Received: _____