

**AGENT-CLIENT *RAPID REGISTRATION* FORM**

Thank you for registering your clients with the K. Hovnanian® Agent Resource Center. By registering your clients via our **Rapid Registration**, your agency relationship with your clients will be honored at all K. Hovnanian® Homes communities in California for 30 days. Please instruct your clients to mention to the onsite Sales Consultant upon their first visit, that they have already been registered via **Rapid Registration**. We will gladly allow your clients to sign this registration form at our community at that time. Please bear in mind that:

- a. The agency relationship cannot be honored if the clients have previously visited the K. Hovnanian® model home, regardless of whether or not they registered with an onsite Sales Consultant.
- b. If any client registers with multiple Agents at the same K. Hovnanian® community, only the last Agent registered will be paid a commission.
- c. Commissions are not considered earned until successful close of escrow.

Our commission amounts vary dependent on type of home sold. Please contact our Agent Resource Center directly for additional details and availability of commission percentages. Final commission percentage can be adjusted as part of any offer/counter-offer negotiation. NOTE: In the event it is necessary, all offer/counter offer negotiations are presented to clients and their Agents simultaneously to the email addresses as listed on this document. Any Agent contribution must be within lender guidelines and be authorized by the contributing Broker in writing and presented to buyer, with a copy to K. Hovnanian® Homes within one week of contract date.

Your commission will be mailed from the escrow company to the address below at the close of escrow. Your office should receive the check within five (5) working days of closing.

**My client(s) is/are most-likely to first visit your community at \_\_\_\_\_.**  
*(K. Hovnanian® Community Name)*

**Agent Name:** \_\_\_\_\_

**Real Estate Office:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Attach Business Card Below)*

**Client Name(s):** \_\_\_\_\_

**Client Address:** \_\_\_\_\_

**Client Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Client Signature:\*** \_\_\_\_\_  
*\* Not required until client has met with a Sales Consultant)*

*Attach Business Card Here*

**RETURN BY FAX: 877.429.3610 or EMAIL: [CA@KHOV.COM](mailto:CA@KHOV.COM)**