



Royal LePage Niagara Real Estate Centre, Brokerage/Niagara Commercial Group
 33 Maywood Avenue, St. Catharines, ON L2R 1C5
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 Fax: 905.688.8102

**Registration and Confidentiality for
 Players Athletic Lager Company
 Located at 165 Hartzel Road, St. Catharines, Ontario**

**REGISTRATION
 BROKERAGE INFORMATION (if applicable)**

Brokerage: _____
 Agent Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact Numbers: Office: _____ Cell: _____ Fax: _____
 Email Address: _____

PROPONENT INFORMATION

Proponent Name: _____
 Company Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact Numbers: Office: _____ Cell: _____ Fax: _____
 Email Address: _____

Net Worth: \$250,000 to \$500,000 +\$1,000,000
 (please check one) \$500,000 to \$750,000
 \$750,000 to \$1,000,000

Liquid \$ _____

CONFIDENTIALITY

By receipt of this attached document(s) and all future documents and right , you agree its contents are confidential; that you will hold and treat it in the strictest confidence; that you will not, directly or indirectly disclose this document(s) or its contents to any firm or entity; other than your advisors, without the Agent's prior consent and that you will not use or permit this document to be used in any manner detrimental to the interests of the Seller, its Agent, or their affiliates.

As it is also agreed that there shall be no contact or visitation of the subject property without the express permission or accompaniment and/or arrangement through the Listing Broker.

This document is not to be reproduced, in whole or in part, without the expressed consent of Royal LePage Niagara Real Estate Centre, Brokerage and the Niagara Commercial Group.

The terms and conditions in this section will relate to all of the sections of this document(s) as if stated independently therein.

**ROYAL LEPAGE NIAGARA REAL ESTATE CENTRE INC. BROKERAGE
 Niagara Commercial Group**

Dated at _____ on this _____ day of _____, 2010

Proponent Signature

Brokerage Signature (if applicable)

Witness Signature

Name of Witness (Please Print)