



REAL ESTATE SERVICES  
COMMERCIAL

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KENT DUCOTE (305) 394-5818 [Kent@KentDucote.com](mailto:Kent@KentDucote.com)

Confidentiality Agreement

The undersigned has expressed an interest in acquiring or leasing the real estate, business and/or assets of our listing **Tropical Inn, 812 Duval Street, Key West, FL 33040** and has requested that Truman & Co. provide confidential information intended solely for the undersigned’s limited use in evaluating the purchase or lease of the Property.

The information contained in the property information will **NOT BE DISCLOSED** to anyone else without prior permission of the Seller and/or Truman & Co. except for (i) accountants, (ii) attorneys, (iii) experts employed for the purpose of investigating or financing the purchase of the property, after such persons have agreed to honor the confidentiality of this Agreement. The undersigned will not permit the information or its contents to be used in any fashion or manner detrimental to the interest of the Property or Seller.

The undersigned and all agents and experts employed by the undersigned shall promptly return or destroy all written confidential information provided either upon request and/or completion of its evaluation and acknowledge that Truman & Co. makes no representations as to the accuracy of the information provided.

Any violation of this Agreement by the undersigned or anyone acting on its behalf may cause irreparable harm to the Seller/Property for which monetary damages would be inadequate, and that, in addition to such monetary remedies as may be available the Seller/Property shall be entitled to seek specific enforcement of the provisions herein, all attorney’s fees and court costs, and injunctive relief without posting a bond.

Cooperating Broker \_\_\_\_\_ Cooperating Agent \_\_\_\_\_ Prospective Buyer \_\_\_\_\_



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Accepted on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of Prospective Buyer: \_\_\_\_\_

Printed Name of Prospective Buyer: \_\_\_\_\_

I am  represented /  not represented by a Cooperating Broker (check one)

Signature of Cooperating Broker: \_\_\_\_\_

Printed Name and Company Name: \_\_\_\_\_

Signature of Cooperating Agent: \_\_\_\_\_

Printed Name of Cooperating Agent: \_\_\_\_\_

By the above signatures, all hereby agree to honor the confidentiality of this Agreement.