



When completed, mail to:
Satisfaction Guarantee
ZipRealty, Inc.
2000 Powell Street, Suite 300
Emeryville, CA 94608

Name

Address

City/State/ZIP

Phone

Email

Property Address (if different from above)

Closing Date

How did you first hear about ZipRealty, Inc?

Who was/were your agent(s)?

What was your expectation when you decided to buy or sell a house through ZipRealty, Inc.?

Please explain why ZipRealty's service did not meet your expectations.

Please describe your experience working with your agent.

Did you alert your agent of your dissatisfaction during the process of your purchase or sale?

Did you attempt to elevate your concerns by contacting the District Director or Client Care team?
What was your experience like?

Although ZipRealty's service did not meet your expectations, would you use ZipRealty, Inc. to represent you in a future purchase or sale? Please explain why or why not.

I affirm that the statements, impressions, and recollections made above are true and accurate to the best of my belief. I represent that I have the authority to seek this Guarantee on behalf of all other co-buyers or co-sellers involved in the transaction described above and that they are aware and consent to my seeking payment under this Guarantee and that no further money will be paid out under this Guarantee for this transaction.

Home Buyer/Seller	<input type="text"/>
Print Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Co-Home Buyer/Seller	<input type="text"/>
Print Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>