

FORM



Purchaser(s) Information

PLEASE PRINT

Name
1.) MR. MRS. MS. MISS DR.

FIRST MIDDLE (no initials allowed) LAST

Email _____

Name:
2.) MR. MRS. MS. MISS DR.

FIRST MIDDLE (no initials allowed) LAST

Email _____

TO BE SHREDED

#1 SIN# _____

DOB DD / MONTH / YY _____

#2 SIN# _____

DOB DD / MONTH / YY _____

Phone Number(s)

(H) _____

(M) _____

(B) _____

Address

_____ Suite/Apt.: _____

CITY PROVINCE POSTAL CODE

Occupation 1) _____ 2) _____

Type of ID Provided DRIVER'S LICENSE PASSPORT CITIZENSHIP/PERMANENT RESIDENCY

OTHER GOVERNMENT ISSUED ID (Please Specify) _____

FLOORPLAN DESIGN CHOICES

#1

#2

#3

FLOOR PREFERENCE

Low (8') - FL 2-8 / High (9') - FL 9-13

LOW HIGH

LOW HIGH

LOW HIGH

COMMENTS:

REALTOR INFORMATION

Name: _____

Brokerage: _____

Cell Phone: _____

BUSINESS CARD

For Sales Office Use Only

Suite Information

SUITE # _____ Design _____

DETAILED SOURCE: _____

Offer Price \$ _____

Discount Price \$ _____

TOTAL PRICE \$ _____

Deposit Structure

20 % Deposit	5% on signing	\$ _____	Due	_____
	5% in 180 days	\$ _____	Due	_____
	5% in 270 days	\$ _____	Due	_____
	5% in 420 days	\$ _____	Due	_____

35% Deposit	15% \$ _____	Due on signing
	15% \$ _____	Due in 180 days
	5% \$ _____	Due on Escrow