



DATE: _____

Purchaser(s) Information

PLEASE PRINT

Name

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

FIRST MIDDLE (no initials allowed) LAST

Email _____

TO BE SHREDDED

#1 SIN# _____

DOB DD / MONTH / YY _____

Name:

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

FIRST MIDDLE (no initials allowed) LAST

Email _____

#2 SIN# _____

DOB DD / MONTH / YY _____

Phone Number(s)

Address _____ (H) _____

Suite/Apt.: _____ (M) _____

_____ (B) _____

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

LOW (4-11)

MID (12-20)

HIGH (21 - PH/31)

(*9' premium applies fl 26 + *)

#1

LOW

MID

HIGH

#2

LOW

MID

HIGH

#3

LOW

MID

HIGH

COMMENTS:

REALTOR INFORMATION

Name: _____

Brokerage: _____

Cell Phone: _____

BUSINESS CARD

For Sales Office Use Only : SUITE INFORMATION

LOCKED - 20%

LOCKED - 35%

UNLOCKED - 20%

CUSTOM

SUITE # _____ DESIGN _____

DETAILED SOURCE: _____

SUITE PRICE \$ _____

TOTAL PRICE \$ _____

SIGNING APPOINTMENT DATE _____
 TIME _____

SALES REP: _____