

OFFICE USE ONLY

SUITE: _____

DATE: _____

PLEASE FILL OUT THE FOLLOWING

| | UNIT # | PARKING | FLOOR PREFERENCES (HIGH / MID / LOW) |
|-----------|--------|---------|---|
| CHOICE #1 | | | |
| CHOICE #2 | | | |
| CHOICE #3 | | | |

| PURCHASER 1 | PURCHASER 2 |
|---|---|
| First Name: | First Name: |
| Last Name: | Last Name: |
| Address: | Address: |
| City: | City: |
| Province: Postal code: | Province: Postal code: |
| Main Phone: | Main Phone: |
| Date of Birth: | Date of Birth: |
| Social Insurance Number: | Social Insurance Number: |
| Driver's License #: | Driver's License #: |
| Email: | Email: |

PURCHASER PROFILE: (TO BE COMPLETED BY AGENT)

| | |
|---|---|
| Profession: | Profession: |
| Employer: | Employer: |
| End User <input type="checkbox"/> Investor <input type="checkbox"/> | End User <input type="checkbox"/> Investor <input type="checkbox"/> |

CO-OPERATING BROKER: PLEASE ENCLOSE AGENT'S BUSINESS CARD.

| | |
|-------------------------|---------------------------|
| First name & Last Name: | Attach Business Card Here |
| Brokerage: | |
| Brokerage Address: | |
| Mobile: | |
| Email: | |
| Office Number: | |