



**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Sales Representative: \_\_\_\_\_  
 Lot Number: \_\_\_\_\_ Model: \_\_\_\_\_  
 Purchase Price: \_\_\_\_\_

**PURCHASER INFORMATION: PLEASE ENCLOSE CLEAR COPY OF PURCHASER IDENTIFICATION**

PURCHASER ONE		PURCHASER TWO	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
City:		City:	
Province:	Suite #:	Province:	Suite #:
Postal Code:		Postal Code:	
Main Phone:		Main Phone:	
Date of Birth:		Date of Birth:	
S.I.N. #:		S.I.N. #:	
Driver's License #: _____		Driver's License #: _____	
Expiry Date (DD/MM/YY): _____		Expiry Date (DD/MM/YY): _____	
Email:		Email:	

**Please Fill Out The Following:**

	Lot	Model
1st Choice		
2nd Choice		
3rd Choice		

**Co-operating Broker (PLEASE ENCLOSE AGENT'S BUSINESS CARD):**

Name: \_\_\_\_\_  
 Brokerage: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_