



Customer Worksheet

Agent Use

Date Received: _____ Time Received _____
 Sales Representative: _____
 Block#: _____ Unit #: _____

MODEL

#1	
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Please enclose 1 clear copy of the purchaser ID

ALL Cheques MUST be payable to: Owens Wright LLP in trust

Purchaser 1	Purchaser 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
Suite #: _____	Suite #: _____
City: _____ Province: _____	City: _____ Province: _____
Postal Code: _____	Postal Code: _____
Main Phone: _____	Main Phone: _____
Alternate Phone: _____	Alternate Phone: _____
Date of Birth: M _____ D _____ Y _____	Date of Birth: M _____ D _____ Y _____
SIN# : _____	SIN# : _____
Profession: _____	Profession: _____
I.D. : Passport Drivers Liscence PR Card	I.D. : Passport Drivers Liscence PR Card
ID # : _____	ID # : _____
Expiry Date: _____	Expiry Date: _____
Email: _____	Email: _____

		APPROVED
Base Purchaser Price:		
Lot Premium:		
Total Purchase Price:		

Comments:

Puchaser Profile:

How did you hear about us? _____	How did you hear about us? _____
Age: _____	Age: _____
User Type: END or INVESTOR	User Type: END or INVESTOR

Cooperating Broker: Staple Agent's Business Card