

1030 Salk Rd, Pickering Worksheet



Business Point

Date Received: _____

SUITE PREFERENCES

Unit:

1st Choice of Suite

2nd Choice of Suite

3rd Choice of Suite

PURCHASER(S) INFORMATION

Company Name: _____

Name: _____

First Last

Address: _____

City Postal Code

E-mail: _____

Phone: _____

Occupation: _____

S.I.N: _____

D.O.B: _____

Month Day Year

Type of ID: Driver's License
 Passport
 Other (Please specify)

Company Name: _____

Name: _____

First Last

Address: _____

City Postal Code

E-mail: _____

Phone: _____

Occupation: _____

S.I.N: _____

D.O.B: _____

Month Day Year

Type of ID: Driver's License
 Passport
 Other (Please specify)

*** Purchaser(s) must bring the following to qualify for purchase at the point of sale: (a) an original government issued Photo Identification at time of purchase; (b) FIVE (5) Deposit cheques.*

FOR OFFICE USE ONLY

Suite: _____

Type: _____

Suite Price: \$ _____

Other: _____

Total Price: \$ _____

Deposit Structure

On Signing (\$10,000) _____

Balance of (5%) on _____

Offer Acceptance \$ _____

(30) Days (5%) \$ _____

(90) Days (5%) \$ _____

(180) Days (10%) \$ _____

Received: _____

By: _____