

1430 Birchmount Rd, Toronto Worksheet



Business Point

Date Received: _____

SUITE PREFERENCES

	Type: Drive-In	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: _____