

PURCHASER INFORMATION WORKSHEET

1 st Preference Unit #:	Building #:	Unit Price:
2 nd Preference Unit #:	Building #:	Unit Price:
3 rd Preference Unit #:	Building #:	Unit Price:
DATE OF SALE:		
		Purchaser (2):
		DL # & Expiry:
		Type of ID:
D.O.B. (M/D/Y):		D.O.B. (M/D/Y):
Address:	-	Address:
•		City: Province:
		Postal Code:Country:
		Home Tel:
Mobile Tel:		Mobile Tel:
Email:		Email:
•		Occupation:
SIN #:		SIN #:
	f purchase; (b) FOUR (4) deposit cheques t	ualify for purchaser at point of sale: (a) an original governmen to be made payable to "Corsianos Lee Vashishth LLP, in Trust".
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel:	f purchase; (b) FOUR (4) deposit cheques to	
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address:	AGENT INFORMATION	to be made payable to "Corsianos Lee Vashishth LLP, in Trust". Broker of Record:
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address:	AGENT INFORMATION	Broker of Record: Please attach your business card
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address: FOR VENDOR'S OFFICE USE O	AGENT INFORMATION NLY, DO NOT FILL IN BELOW	Broker of Record: Please attach your business card Deposit on
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address: FOR VENDOR'S OFFICE USE O Unit #/ Building #: Unit Price:	AGENT INFORMATION NLY, DO NOT FILL IN BELOW	Broker of Record: Please attach your business card Deposit on Signing: (5%) \$
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address: FOR VENDOR'S OFFICE USE County and the county and the county are also as a county and the county are also as a county are	AGENT INFORMATION NLY, DO NOT FILL IN BELOW	Broker of Record: Please attach your business card Deposit on Signing: (5%) \$
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address: FOR VENDOR'S OFFICE USE O Unit #/ Building #: Unit Price:	AGENT INFORMATION NLY, DO NOT FILL IN BELOW	Broker of Record: Please attach your business card Deposit on Signing: (5%) \$ 45 Days: (5%) \$ 90 Days: (5%) \$
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address: FOR VENDOR'S OFFICE USE O Unit #/ Building #: Unit Price:	AGENT INFORMATION NLY, DO NOT FILL IN BELOW	Deposit on Signing: (5%) \$ 45 Days: (5%) \$ 90 Days: (5%) \$ 120 Days: (5%) \$
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address: FOR VENDOR'S OFFICE USE O Unit #/ Building #: Unit Price:	AGENT INFORMATION NLY, DO NOT FILL IN BELOW	Broker of Record: Please attach your business card Deposit on Signing: (5%) \$ 45 Days: (5%) \$ 90 Days: (5%) \$
CO-OPERATING BROKER AND Brokerage: Agent Name: Email: Office Tel: Mobile Tel: Fax Tel: Address: FOR VENDOR'S OFFICE USE COUNTY Building #:	AGENT INFORMATION NLY, DO NOT FILL IN BELOW	Deposit on Signing: (5%) \$ 45 Days: (5%) \$ 90 Days: (5%) \$ 120 Days: (5%) \$ On Occupancy: (5%) \$

Please type of print clearly and legibly and email to: lougrossi@intercityrealty.com & ron@intercityrealty.com

Vendor will determine final choice of suite and availability for purchase at its sole and unfettered discretion; Completion of this form does not constitute any binding purchase and sale or reservation.

