

OFFICE USE ONLY

Date Received: _____

Baker Sales Representative: _____

SUITE: _____ (the Unit)

MODEL: _____

BASE PURCHASE PRICE \$ _____

PARKING \$ _____

LOCKER \$ _____

TOTAL PURCHASE PRICE \$ _____

PLEASE FILL OUT THE FOLLOWING

	MODEL	FLOOR
CHOICE #1		
CHOICE #2		
CHOICE #3		
CHOICE #4		
CHOICE #5		

PURCHASER INFORMATION : PLEASE ENCLOSE CLEAR COPY OF PURCHASER IDENTIFICATION

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:		Date of Birth:	
S.I.N. #		S.I.N. #	
Driver's License #		Driver's License #	
Expiry Date:		Expiry Date:	
Email:		Email:	

PURCHASER PROFILE: (TO BE COMPLETED BY AGENT)

Did you register through the Web?	How did you hear about us?
Profession:	Marital Status:
Employer:	Ages?
How many dependents?	
End User or Investor	

Co-operating Broker: Please enclose Agent's business card.

Name: _____

Brokerage: _____

Address: _____

Mobile: _____

Office: _____

Fax: _____

Email: _____