

Project Name:

WORKSHEET

Email: worksheet@leozhang.ca

OFFICE USE ONLY		BASE PURCHASE PRICE	\$
Date Received: Baker Sales Representative:		PARKING COST	\$ \$
MODEL:		TOTAL PURCHASE PRICE	\$
PLEASE FILL OUT THE FOLLOWING			
		DEL	FLOOR
CHOICE #1			
CHOICE #2			
CHOICE #3			
CHOICE #4			
CHOICE #5			
PURCHASER INFORMATION : PLEASE EN	CLOSE CLEAR COPY OF	F PURCHASER IDENTIFICATION	DN
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 Licence #		Driver's Licence #	
Expiry Date:		Expiry Date:	
Email:		Email:	
PURCHASER PROFILE: (TO BE COMPLE	TED BY AGENT)		
Did you register through the Web?	How did	d you hear about us?	
Profession:		Marital Status:	
How many dependents?	Ages?		
Co-operating Broker: Please enclose Age			
Name:			
Brokerage:			
Address:			
Office:			
Fax:			
Email:			





