



Date: _____

Purchaser(s) Information

PLEASE PRINT

Purchaser 1:

Name: _____

First

Last

SIN: _____

Purchaser 2:

Name: _____

First

Last

SIN: _____

Address:

1) _____
Street Address

City

Province

Postal Code

Type of ID Provided: Driver's License Passport Citizenship Card Other

Occupation 1: _____ Occupation 2: _____

Floor Plan Choice:
PLEASE LIST YOUR TOP 3 FLOOR PLAN CHOICES

Choice 1: _____

Choice 2: _____

Choice 3: _____

Is this property intended to be used as a primary residence? ___ Yes ___ No

OFFICE USE ONLY

Unit _____ Base Price _____

SIGNING APPOINTMENT

Date: _____ Time: _____