SUITE PREFERENCES MODEL FLOOR (please circle) **PARKING** 1St Choice of Suite 32-53/F 6-31/F 54-58/F 2nd Choice of Suite 6-31/F 32-53/F 54-58/F 3rd Choice of Suite 6-31/F 32-53/F 54-58/F **PURCHASER(S) INFORMATION** Name: Name: First Middle (no initials) Last First Middle (no initials) Last Address: Address: City Postal Code City Postal Code E-mail: E-mail: Phone: Phone: Residential Residential **Phone (2):** Phone (2): Mobile Mobile Occupation: Occupation: S.I.N.: **S.I.N.:** D.O.B.: D.O.B.: Month Day Month Year Day Year □ Driver's License Driver's License Type of ID: Type of ID: **Passport Passport** Other (please specify) 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) Four (4) deposit cheques to be made payable to "Bresver Grossman Scheininger and Chapman LLP In Trust". **CO-OPERATING BROKER & AGENT INFORMATION** Agent: **Brokerage:** Address: Kambiz Farsian Postal Code City E-mail: Sales Representative Phone: 416.317.4438 Office **Phone (2):** Mobile FOR OFFICE USE ONLY Suite **Deposit Structure** Model **Suite Price** \$ On Signing \$ %) **Parking** \$ %) \$ Source Days Locker \$ Days %) \$ Sales Rep Sign **Total Price** \$ %) \$ Days

\$

%)

Occupancy