



# WORKSHEET

**OFFICE USE ONLY**

|                                   |                               |
|-----------------------------------|-------------------------------|
| Date Received: _____              | BASE PURCHASE PRICE \$ _____  |
| Baker Sales Representative: _____ | PARKING COST \$ _____         |
| SUITE: _____ (the Unit)           | LOCKER COST \$ _____          |
| MODEL: _____                      | 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**

|  |                 |                            |                 |
|--|-----------------|----------------------------|-----------------|
| <b>PURCHASER 1</b>                                   |                 | <b>PURCHASER 2</b>         |                 |
| 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: _____               |                 |
| <b>PURCHASER PROFILE: (TO BE COMPLETED BY AGENT)</b> |                 |                            |                 |
| Did you register through the Web?                    |                 | How did you hear about us? |                 |
| Profession: _____                                    |                 | Marital Status: _____      |                 |
| How many dependents?                                 |                 | Ages?                      |                 |
| End User or Investor                                 |                 |                            |                 |

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

Name: KAMBIZ FARSIAN

Brokerage: RE/MAX REALTY ONE INC

Address: \_\_\_\_\_

Mobile: 416-317-4438

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: info@torontocondovipsale.com

