

DOWNSVIEW TOWNHOMES WORKSHEET

DATE: _____ LOT #: _____
SALESPERSON: _____ MODEL: _____
PURCHASE PRICE: _____

All Fields are MANDATORY: Worksheets missing fields will not be accepted

PURCHASER 1

NAME: _____
SIN#: _____
D L #: _____
DOB: _____
ADDRESS: _____
Home: _____
Cell: _____
Email: _____
Occupation: _____

PURCHASER 2

NAME: _____
SIN#: _____
D L #: _____
DOB: _____
ADDRESS: _____
Home: _____
Cell: _____
Email: _____
Occupation: _____

DEPOSIT STRUCTURE

\$50,000 upon signing

\$50,000 in 30 days

\$50,000 in 60 days

\$50,000 in 120 days

COOPERATING BROKER

COMPANY NAME: _____
ADDRESS: _____
PHONE#: _____
FAX #: _____
AGENT NAME: _____

Cheques Payable to OWENS WRIGHT LLP, IN TRUST

