

WORKSHEET

EMAIL: marketing@homelifelandmark.com along with PHOTO ID

UNIONCITY

BASE PURCHASE PRICE \$ _____
 PARKING: Y / N COST: \$ _____
 LOCKER: Y / N COST: \$ _____
 TOTAL PURCHASE PRICE \$ _____

Suite Choice: **\$10,000 Bank Draft payable to "Harris Sheaffer LLP In Trust"**

	Suite
CHOICE #1	
CHOICE #2	
CHOICE #3	
Direction (Exposure of unit)	
Price Range	
No. of Bedrooms	
Approx. Square Footage	
Additional Comments (ie Terrace)	

PURCHASER INFORMATION: PLEASE ENCLOSE CLEAR COPY OF PURCHASER PHOTO IDENTIFICATION

<u>PURCHASER 1</u>	<u>PURCHASER 2</u>
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 COMPLETED BY AGENT)	
Did you register through the Web?	How did you hear about us?
How many Dependants?	Ages?
End User or Investor:	Marital Status:
<u>PURCHASER 1</u>	<u>PURCHASER 2</u>
Profession:	Profession:
Company Name:	Company Name:
If self-employed, Nature of Business:	If self-employed, Nature of Business:

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

Name: _____

Brokerage: _____

Address: _____

Mobile: _____

Office: _____

Fax: _____

Email: _____