

PLATINUM OFFER WORKSHEET

Cooperating Sales Rep: _____ Date: _____

Brokerage: _____ Contact #: _____

CHOICE 1 Unit: _____ Level: _____ Sq.Ft: _____ Model Name: _____

CHOICE 1 Unit: _____ Level: _____ Sq.Ft: _____ Model Name: _____

CHOICE 1 Unit: _____ Level: _____ Sq.Ft: _____ Model Name: _____

Purchase Price: \$ _____

Discount: \$ _____

Add Locker: \$ _____

Add Parking: \$ _____

Total Purchase Price: \$ _____

Cheques Payable to: **McMillan LLP, in Trust**

**Please send the complete worksheet to
marketing@homelifelandmark.com
along with Client's IDs**

Purchaser Information: To be completed in full

Purchaser <u>Surname/Last Name:</u>	Purchaser <u>Surname/Last Name:</u>
Purchaser <u>First/Given</u> Name: (Mr. Mrs. Ms.)	Purchaser <u>First/Given</u> Name: (Mr. Mrs. Ms.)
Address: Suite #:	Address: Suite #:
City:	City:
Postal Code:	Postal Code:
Residence Phone:	Residence Phone:
Business Phone:	Business Phone:
Date of Birth:	Date of Birth:
SIN #:	SIN #:
Driver's License #:	Driver's License #:
Expiry Date:	Expiry Date:
Email:	Email:
What is your Profession: Company Name:	What is your Profession: Company Name:

Circle One:

Canadian Citizen

Permanent Resident

Non- Canadian Citizen or Resident

Purchaser Profile:

Marital status:	
Are you an End User or Investor:	How did you hear about us:
How many dependents living with you:	Their ages: