

FOUR HUNDRED KING WEST

100^W

SUITE PREFERENCES

	Model	Exposure	Lowest Floor Preferred	Highest Flr Preferred	Parking	Locker
1 st Choice	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Choice	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Choice	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

PURCHASER(S) INFORMATION

Name:	_____	Name:	_____
	First Middle (no initials) Last		First Middle (no initials) Last
Address:	_____	Address:	_____
	City Province Postal Code Country		City Province Postal Code Country
E-mail:	_____	E-mail:	_____
Phone:	_____	Phone:	_____
Occupation:	_____	Occupation:	_____
S.I.N.:	_____	S.I.N.:	_____
D.O.B.:	_____	D.O.B.:	_____
	Month Day Year		Month Day Year
Type of ID:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card	Type of ID:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card

** All purchaser(s) must bring the following to qualify for purchase at the point of sale: (a) an valid original government issued photo identification at time of purchase; (b) bank draft or certified cheque for the first 5% deposit and (c) two (2) post-dated deposit cheques ** from an Canadian dollar account **

CO-OPERATING BROKER & AGENT INFORMATION

Agent:	_____	Brokerage:	_____
Address:	_____	Affix Broker/Agent Business Card	
	City Postal Code		
E-mail:	_____		
Phone:	_____		
Phone (2):	_____		
	Mobile		
	Office		

FOR OFFICE USE ONLY

Suite	Model	Source	Deposit Structure
Suite Price	\$ _____	Sales Rep Sign	BANK DRAFT OR CERTIFIED CHEQUE ONLY
Parking	\$ _____		On Signing (5%) \$ _____
Locker	\$ _____		(180) Days (5%) \$ _____
Total Price	\$ _____		(365) Days (5%) \$ _____
			Occupancy (5%) \$ _____