primont

For Office Use Only
Date: _____
Appt Time: _____
Sales Agent: _____

WASAGA WALK

WORKSHEET

PURCHASER 1 NAME: _____ D.O.B.:_____

ADDRESS: _____UNIT #: _____

CITY / PROVINCE: _____ POSTAL CODE:_____

CELL PHONE: (_____) _____ EMAIL: _____

PROFESSION: _____ EMPLOYER: _____ S.I.N: _____

D.L #: _____ PASSPORT # _____

PURCHASER 2 NAME: _____D.O.B.:_____

ADDRESS (OR SAME AS ABOVE): _____UNIT #: _____

CITY / PROVINCE: _____ POSTAL CODE:_____

CELL PHONE: (_____) _____ EMAIL: _____

PROFESSION: _____ EMPLOYER: _____ S.I.N: _____

D.L #: _____ PASSPORT #: _____

LOT#:_____ MODEL_____ ELEVATION_____ FIN BSMT (Y/N)_____ OPT FLRP (Y/N) _____

LOT #: _____ MODEL _____ ELEVATION _____ FIN BSMT (Y/N) _____ OPT FLRP (Y/N) _____

CO-OPERATING BROKER: PLEASE ATTACH AGENT'S BUSINESS CARD

AGENT'S NAME: _____ BROKERAGE: _____

ADDRESS: _____ CELL NUMBER: _____

OFFICE PHONE: _____ EMAIL: _____

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CHEQUES PAYABLE TO: Wasaga (Lyons Court) Ventures Inc.

Purchase Price: $ _____

NOTES:
Are you a first time home buyer? (Y/N) _____
Are you purchasing for personal use or investment? _____