



# WORKSHEET

## OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Lot Number: \_\_\_\_\_

End User     Investor

## PLEASE INDICATE YOUR PREFERENCE

Floor Plan Choice #1: \_\_\_\_\_

Floor Plan Choice #2: \_\_\_\_\_

Floor Plan Choice #3: \_\_\_\_\_

## PURCHASER INFORMATION:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Email: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Email: \_\_\_\_\_

## COOPERATING BROKERAGE/AGENT

Name: \_\_\_\_\_

Brokerage: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_



519-623-0000  
info@amitairi.com