

PURCHASERS INFORMATION

PLEASE PRINT

Name:

Mr. Mrs. Ms. Miss Dr.

First _____ Middle (no initials allowed) _____ Last _____

Email: _____

Address: _____ Suite/Apt.: _____

City _____ Province _____ Postal Code _____

Occupation: _____

Type of ID Provided: SIN Card Birth Certificate Driver's License
 Passport Other Government Issued (Please specify) _____

To be shredded

SIN# _____
(No Dashes in TEAM)

Date of Birth _____
DD/MM/YY

(H) _____

(B) _____

(M) _____

SUITE PREFERENCE

Floorplan Design

*Note: We cannot guarantee the availability of your choices.

**Only successful assignments will be notified.

Choice # 1 _____

Choice # 2 _____

Choice # 3 _____

COMMENTS:

REALTOR INFORMATION

Realtor Name: _____

Brokerage Firm: _____

Realtor Cell Phone: _____

RECO Number: _____



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 BUS: 416.321.2228
 FAX: 416.321.0002
 EMAIL: sujan.shan@remax.net
 www.GTAresidential.com



SUJAN SHAN, B.ENG
REAL ESTATE BROKER



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SELECTION & PRICE - FOR OFFICE USE ONLY

Suite: _____ Suite Price: _____

Design: _____ Discount Price: _____

Total Price: _____

Sign-Off Area

Sales Rep Sign: _____

Print Name: _____

Admin Sign: _____

Print Name: _____