

PRICE LIST

Suite	Approximate Square Feet	Design Type	View	Starting Floor	Starting Prices*	Estimated Property Tax Per Month
1 Bedroom						
1A	539	1 Bedroom	SW	4	\$263,000	\$174
1B	550	1 Bedroom	NE	4	\$257,000	\$170
1B1	551	1 Bedroom	NE	4	\$255,000	\$168
1B2	553	1 Bedroom	NE	4	\$256,000	\$169
1 Bedroom + Den						
1C+D	624	1 Bedroom + Den	SW	4	\$295,000	\$195
1D+D	637	1 Bedroom + Den	NW	4	\$300,000	\$198
1E+D	638	1 Bedroom + Den	SE	4	\$310,000	\$205
1F+D	692	1 Bedroom + Den	SW	4	\$329,000	\$217
2 Bedroom						
2A	722	2 Bedroom	NW	4	\$348,000	\$230
2B	768	2 Bedroom	NE	23	\$405,000	\$268
2C	792	2 Bedroom	SW	4	\$380,000	\$251
2D1	795	2 Bedroom	NE	4	\$386,000	\$255
2DR	780	2 Bedroom	SE	4	\$396,000	\$262
2 Bedroom + Den						
2E+D	853	2 Bedroom + Den	SW	23	\$448,000	\$296
2G+D	928	2 Bedroom + Den	SE	23	\$483,000	\$319

*\$1,000 Floor Increment Premium

*9' ceilings from the 10th floor and above

*8'6" ceilings from the 4th floor to 9th floor

ONE Parking included in the Purchase Price (\$38,000 Value)

Deposit Structure

- 5% due on signing
- 5% due 90 days after signing
- 5% due 180 days after signing
- 5% due 270 days after signing

TENTATIVE OCCUPANCY DATE: SUMMER 2014

Maintenance Fee: Approx. 52 cents per sq.ft.*

(*excluding parking & locker)

Individual metering of electricity, heating, cooling and hot water.



DIRECT: 416.402.1040

BUS: 416.321.2228

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EMAIL: sujan.shan@remax.net

www.GTAresidential.com



SUJAN SHAN, B.ENG.
REAL ESTATE BROKER



Vision Realty Inc. Brokerage

Independently owned & operated

1-2210 Markham Rd., Toronto, ON M1B 5V6



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DEADLINE FOR WORKSHEETS
Sunday, July 17, 2011 at 4:00pm
Email: argento@tridel.com or
Fax: 416-736-8118



PURCHASER INFORMATION

PLEASE PRINT

NAME: 1.) 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 ID (pls specify) _____

To be shredded

SIN# _____
 (NO DASHES in TEAM)

DOB _____
 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 Higher Floor
 CHOICE # 2 Middle Floor
 CHOICE # 3

REALTOR INFORMATION

REALTOR NAME: _____
 BROKERAGE FIRM: _____
 REALTOR CELL PHONE: _____
 RECO NUMBER: _____



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SELECTION & PRICE - For Office

SUITE: _____ SUITE PRICE: _____
 DESIGN: _____ DISCOUNT PRICE: _____
 TOTAL PRICE: _____

SIGN-OFF AREA

SALES REP SIGN _____
 PRINT NAME _____
 ADMIN SIGN _____
 PRINT NAME _____



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