

Date Received: _____

MUST BE EMAILED TO SALES@REALTYPOINT.CA

SUITE PREFERENCES

	MODEL	FLOOR (please circle)
1 st Choice of Suite		
2 nd Choice of Suite		
3 rd Choice of Suite		

PURCHASER(S) INFORMATION

Name:	_____	Name:	_____
	First Middle (no initials) Last		First Middle (no initials) Last
Address:	_____	Address:	_____
	_____		_____
	City Postal Code		City Postal Code
E-mail:	_____	E-mail:	_____
Phone:	_____	Phone:	_____
	Residential		Residential
Phone (2):	_____	Phone (2):	_____
	Mobile		Mobile
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"/> Other (please specify)	Type of ID:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify)

** Purchaser(s) must bring the following to qualify for purchase at the point of sale: (a) an original government issued Photo Identification at time of purchase; (b) deposit cheques.

CO-OPERATING BROKER & AGENT INFORMATION

Agent:	<u>ZIA ABBAS</u>	Brokerage:	<u>WORLD CLASS REALTY POINT</u>
Address:	<u>55 Lebovic Ave Suite C115</u>		
	<u>Scarborough, ON M1L 0H2</u>		
	City Postal Code		
E-mail:	<u>trustzia@gmail.com</u>		
Phone:	<u>416-444-7653</u>		
	Office		
Phone (2):	<u>416-737-7489</u>		
	Mobile		



FOR OFFICE USE ONLY

Suite	Model	Deposit Structure
Suite Price \$ _____		On Signing (_____ %) \$ _____
Other \$ _____	Source _____	(_____) Days (_____ %) \$ _____
		(_____) Days (_____ %) \$ _____
Total Price \$ _____	Sales Rep Sign _____	(_____) Days (_____ %) \$ _____
		Occupancy (_____ %) \$ _____

Remarks _____