



M CITY 6 CONDOMINIUMS

Manager's Initial:
Date/Time Received:

OFFER WORKSHEET	
<div>Choice 1: Model: _____ Floor Range: _____</div> <div>Choice 2: Model: _____ Floor Range: _____</div> <div>Choice 3: Model: _____ Floor Range: _____</div>	
OFFICE USE ONLY	
<div>Suite: _____ Model: _____ Sq Ft: _____</div> <div>Unit Price: \$ _____</div> <div>Parking: \$ _____</div> <div>Locker: \$ _____</div> <div>Total Price: \$ _____</div>	<div>SOURCE OF SALE:</div> <div>*Mandatory* (Example: Signage, agent, homes magazine, etc.)</div>
<div>INVESTMENT: <input type="checkbox"/>      END USER: <input type="checkbox"/></div>	<div>SALES REPRESENTATIVE:</div>
PURCHASERS' INFORMATION <i>(all fields are mandatory)</i>	
1 <sup>ST</sup> PURCHASER	2 <sup>ND</sup> PURCHASER
FIRST NAME:	FIRST NAME:
LAST NAME:	LAST NAME:
SIN:	SIN:
D.O.B. (MM/DD/YY):	D.O.B. (MM/DD/YY):
ADDRESS:	ADDRESS:
CITY:	CITY:
POSTAL CODE:	POSTAL CODE:
OCCUPATION & EMPLOYER:	OCCUPATION & EMPLOYER:
CELL NUMBER:	CELL NUMBER:
HOME NUMBER:	HOME NUMBER:
E-MAIL:	E-MAIL:
Lawyer's Information <i>(all fields are mandatory)</i>	
<div>Lawyer Name: _____</div> <div>Firm Name: _____</div> <div>Firm Address: _____</div> <div>Firm Phone Number: _____</div> <div>Firm Email: _____</div>	