



Date: _____ Time: _____ Manager's Initials: _____

OFFER WORKSHEET

1st Choice	2nd Choice	3rd Choice
Model: _____ Suite #: _____	Model: _____ Suite #: _____	Model: _____ Suite #: _____
Unit Price \$ _____		Total Price: \$ _____

PURCHASERS' INFORMATION	
1ST PURCHASER	2ND PURCHASER
FIRST NAME: _____	FIRST NAME: _____
LAST NAME: _____	LAST NAME: _____
SIN# OR DRIVER'S LICENSE INCLUDING EXPIRY DATE _____	SIN# OR DRIVER'S LICENSE INCLUDING EXPIRY DATE _____
DOB (MM/DD/YYYY): _____	DOB (MM/DD/YYYY): _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
POSTAL CODE: _____	POSTAL CODE: _____
OCCUPATION: _____	OCCUPATION: _____
COMPANY/BUSINESS NAME _____	COMPANY/BUSINESS NAME _____
CELL NUMBER: _____	CELL NUMBER: _____
HOME NUMBER: _____	HOME NUMBER: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

AGENT / BROKERAGE

AGENT NAME _____	BROKERAGE NAME _____	
AGENT CELL #: _____	BROKERAGE #: _____	BROKERAGE FAX #: _____
AGENT'S EMAIL _____		

VENDOR'S OFFICE USE ONLY, DO NOT FILL IN BELOW	
VENDOR'S SALES AGENT / REPRESENTATIVE _____	
NOTES: _____	_____

Purchaser information - NOTE - ALL purchasers must bring the following to qualify for purchase at point of sale: (a) an original government issued Photo Identification at time of purchase

Vendor will determine final choice of suite and availability for purchase at its sole and unfettered discretion; completion of this form does not constitute any binding purchase and sale reservation.

This document is privileged and may contain confidential information intended only for the addressee. Any unauthorized disclosure is strictly prohibited.