MODAL AT MAIN

CAMBRIDGE

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

| 1st Choice | 2nd Choice | 3rd Choice |
|---|---|---|
| Model: _____ | Model: _____ | Model: _____ |
| Suite #:_____ | Suite #:_____ | 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

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.