



EDGE TOWERS OFFER WORKSHEET

Submit by Email to EdgeTowers@Solmar.ca with a copy of valid Photo ID Attached

DRE SALESPERSON: _____

DATE: _____

SOURCE: _____

TOWER: _____ SUITE: _____

LOCKER: \$ _____ Yes/ No (circle one) PARKING: \$ _____ Yes/ No (circle one)

\$ _____ + \$ _____ + \$ _____ = \$ _____

LISTED PRICE	PARKING	LOCKER	TOTAL PURCHASE PRICE
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All Fields Are Mandatory Worksheets Missing Fields Will Not Be Accepted

PURCHASER 1	PURCHASER 2
<div><div>*NAME</div><div>*LAST</div></div>	<div><div>*NAME</div><div>*LAST</div></div>
<div><div>*SIN # or Canadian Passport #</div></div>	<div><div>*SIN # or Canadian Passport #</div></div>
<div><div>*DRIVERS LICENCE #</div></div>	<div><div>*DRIVERS LICENCE #</div></div>
<div><div>DRIVERS LICENCE EXP.</div></div>	<div><div>DRIVERS LICENCE EXP.</div></div>
<div><div>*DOB (MM/DD/YYYY)</div></div>	<div><div>*DOB (MM/DD/YYYY)</div></div>
<div><div>*ADDRESS</div></div>	<div><div>*ADDRESS</div></div>
<div><div>CITY</div><div>PROVINCE</div></div>	<div><div>CITY</div><div>PROVINCE</div></div>
<div><div>POSTAL CODE:</div></div>	<div><div>POSTAL CODE:</div></div>
<div><div>*HOME:</div><div></div></div>	<div><div>*HOME:</div><div></div></div>
<div><div>*CELL:</div><div></div></div>	<div><div>*CELL:</div><div></div></div>
<div><div>*E-MAIL:</div><div></div></div>	<div><div>*E-MAIL:</div><div></div></div>
<div><div>*OCCUPATION:</div><div></div></div>	<div><div>*OCCUPATION:</div><div></div></div>

(20%) Deposit Structure: <i>*all post-dated cheques must be submitted with the signing of the offer</i>			
\$5,000	CAD	Initial Deposit	Due on Signing
\$	CAD	Balance to 5%	Due _____ days from Date of Signing
\$	CAD	____% Deposit	Due _____ days from Date of Signing
\$	CAD	____% Deposit	Due _____ days from Date of Signing
\$	CAD	____% Deposit	Due _____ days from Date of Signing
\$	CAD	____% Deposit	Due _____ days from Date of Signing
\$	CAD	5% Deposit	Due on Occupancy

PURCHASER'S SOLICITOR

LAWYER'S NAME:	_____
LAW FIRM:	_____
OFFICE ADDRESS:	_____
TELEPHONE:	_____ EMAIL: _____

COOPERATING BROKER:

Attached Business Card (or fill out below)	NOTES:
Name _____	_____
Brokerage _____	_____
Address _____	_____
Office # _____	_____
Fax # _____	_____
Cell # _____	_____
Email _____	_____

PLEASE MAKE CHEQUES PAYABLE TO: **FOGLER, RUBINOFF LLP IN TRUST**