

THE TOWNS ON BAYVIEW

WORKSHEET

OFFICE USE ONLY

Date Received: _____

Baker Sales Representative: _____

LOT: _____

PURCHASE PRICE \$_____

PURCHASER INFORMATION: PLEASE ENCLOSE CLEAR COPY OF PURCHASER IDENTIFICATION

PURCHASER 1	PURCHASER 2
First Name:	First Name:
Last Name:	Last Name:
Address:	Address:
Suite #	Suite #
City: Province:	City Province:
Postal Code:	Postal Code:
Main Phone:	Main Phone:
Alternate Phone:	Alternate Phone:
Date of Birth:	Date of Birth:
S.I.N. #	S.I.N. #
Driver's Licence #	Driver's Licence #
Expiry Date:	Expiry Date:
Email:	Email:

PURCHASER PROFILE: (TO BE COMPLETED BY AGENT)

Did you register through the Web?	How did you hear about us?
Profession:	Marital Status:
How many dependents?	Ages?
End User or Investor	

Co-operating Broker: Please enclose Agent's business card.

Name: _____

Brokerage: _____

Address: _____

Mobile: _____

Office: _____

Fax: _____

Email: _____