TREASURE HILL

MARQUIS SERIES AT HAZEL GLENN

Comments:

Base Purchase Price:_____

Lot:_____

Premium:_____

Premium:_____

Extras:_____

Total Purchase Price:_____

MUST PROVIDE PROOF OF CITIZENSHIP (PASSPORT/PR CARD/CITIZENSHIP AND ID (DRIVERS LICENSE)).
Please enclose clear copy of purchaser identification.

Please fill out the Following:

Model Choice	Elevation	Lot Frontage	Sqft Range	# of Beds	# of Baths
#1:					
#2:					

Purchaser Information:

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#:	
Drivers Licence #: Expiry Date:		Drivers Licence #: Expiry Date:	
Email:		Email:	
Profession:		Profession:	
Age:		Age:	

Purchaser Profile (to be completed by agent)

How did you hear about us?:_____

End User or Investor

How did you hear about us?:_____

End User or Investor

Co-operating Broker: Please enclose Agent's Business Card

Agent Name:
Brokerage:
Mobile #: Office #:
Email:

AGENT CARD (attach here)