

WORKSHEET

Email: admin@connectassetmanagement.com

OFFICE USE ONLY

Date Received: _____ BASE PURCHASE PRICE \$ _____
 Baker Sales Representative: _____ PARKING COST \$ _____
 SUITE: _____ (the Unit) LOCKER COST \$ _____
 MODEL: _____ TOTAL PURCHASE PRICE \$ _____

PLEASE FILL OUT THE FOLLOWING

	MODEL	FLOOR
CHOICE #1		
CHOICE #2		
CHOICE #3		
CHOICE #4		
CHOICE #5		

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:	
Profession:		Profession:	

PURCHASER PROFILE: (TO BE COMPLETED BY AGENT)

Did you register through the Web?	How did you hear about us?
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: _____