

WORKSHEET

Date of Offer: Sept 13 Salesperson: Danielle / Sunny
Suite Number: _____ Tower: _____ Floorplan: _____ Level No.: _____ Legal: _____

PURCHASE PRICE & DEPOSITS:

Purchase Price: \$ _____

1st Deposit: \$2,000.00 with Agreement

2nd Deposit: Total to 5% in 30 days \$ _____

3rd Deposit: 5% in 90 days \$ _____

4th Deposit: 5% in 120 days \$ _____

5th Deposit: Total to 20% on occupancy

SPECIAL INSTRUCTIONS - AMENDMENTS, ADDENDUMS, CONDITIONS:

5% - 60 days
5% - 365 days.

3002 - T1
2706 - T2

PURCHASER #1

DMAR ABUNASRIEH

8210819641372008 SS6358190
First, Middle & Last Name S.I.N.

Date of Birth: (M/D/Y)

A1074-60566-41208

Drivers License #

5196 Brockworth Dr.

Address Suite #

MISSISSAUGA L5V 1S3
City Postal Code

905-286-9809 416-616-1585
Residence Phone Business Phone

905-2483378

Fax Number

pharmarite@aol.com
Email Address

PURCHASER #2

First, Middle & Last Name

Date of Birth: (M/D/Y)

S.I.N.

Drivers License #

Address

Suite #

City

Postal Code

Residence Phone

Business Phone

Fax Number

Email Address

PURCHASER'S SOLICITOR

Solicitor's Name

Firm

Address

Suite No.

City

Postal Code

Phone Number

Email

Fax Number

PLEASE MAKE CHEQUES PAYABLE TO HARRIS, SHEAFFER, LLP in Trust

PURCHASER PROFILE: to be completed by agent/sign-up person

Did you register through the Web?

End User or Investor?

How did you hear about us?

Profession:

How many dependents are living with you?

Dependents Ages:

Marital Status: