



GRAND OPENING WORKSHEET

Date of Offer: Feb 22/109 Salesperson: Paulle
Suite Number: 11009 Tower: T2 Floorplan: 06 Level No.: 10 Legal: _____

PURCHASE PRICE & DEPOSITS:

Purchase Price: \$325,300
1st Deposit: \$2,000.00 with Agreement
2nd Deposit: Total to 5% in 30 days \$ _____ Date: _____
3rd Deposit: 5% in 90 days \$ _____ Date: _____
4th Deposit: 5% in 120 days \$ _____ Date: _____
5th Deposit: Total to 20% on occupancy

SPECIAL INSTRUCTIONS - AMENDMENTS, ADDENDUMS, CONDITIONS:

PURCHASER #1

First, Middle & Last Name PETER LEITAO
Date of Birth: (MM/DD) 02/02/1952 S.I.N. _____

Drivers License

Address 591 COTTAGERS GREEN DR. Suite # _____
City MISSISSAUGA Postal Code L5B 4J1
Residence Phone 905 2775138 Business Phone 905 2040478
Fax Number _____
Email Address beteleitaoc@hotmail.com

PURCHASER #2

First, Middle & Last Name MARIA LEITAO
Date of Birth: (MM/DD) 10/20/1954 S.I.N. _____

Drivers License

Address 591 COTTAGERS GREEN DRIVE Suite # _____
City MISSISSAUGA Postal Code L5B 4J1
Residence Phone 905 2775138 Business Phone 6478688916
Fax Number _____
Email Address me

PURCHASER'S SOLICITOR

Solicitor's Name DAVID KORUNAN Firm KORUNAN and ASSOCIATES
Address MISSISSAUGA Suite No. _____
City _____ Postal Code _____
Phone Number _____ Fax Number _____ Email _____

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: _____

Exclusive Broker: mediation
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