PURCHASER INFORMATION FORM

PARKSIDE VILLAGE® MISSISSAUGA

Suite #: LPH3, B9N

Purchasers Name(s): Sharmila Musaddy.

Purchasers Address: _____

Tel: (Daytime): _____

(Cell): _____

Email Address: _____

PURCHASER'S SOLICITOR INFORMATION

Name: _____

Firm: _____

Address: _____

Tel: _____

Fax: _____

★ Email JanuszPuzniak@gmail.com.

Please return the completed form to:

PARKSIDE VILLAGE SALES TEAM
465 Burnhamthorpe Road West | Mississauga | ON | L5B 0E3 | 905.273.9333
FAX: 905-273-7772 EMAIL:SUPPORT1@LIFEATPARKSIDE.COM
LIFEATPARKSIDE.COM