



**PARKSIDE
VILLAGE®**
MISSISSAUGA

PURCHASER INFORMATION FORM

Suite #: 2516, BNS

Purchasers
Name(s): Swapnil

Purchasers
Address: _____

Tel:
(Daytime): _____

(Cell): _____

Email
Address: Swapnilpradhan01@gmail.com

PURCHASER'S SOLICITOR INFORMATION

Name: _____

Firm: _____

Address: _____

Tel: _____

Fax: _____

Email: _____

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

9 SOUTH # 2516