

PURCHASER INFORMATION FORM



**PARKSIDE
VILLAGE®**
MISSISSAUGA

Suite #:

4709, PSV

Purchasers

Name(s):

Hatem Jadi

Purchasers

Address:

Tel:
(Daytime):

(Cell):

(416) 890-9915 *delete all other
numbers on file.

Email

Address:

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

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