



OFFICE USE ONLY

Date Received: _____ Sales Representative: _____
Lot Number: _____ Model: _____
Purchase Price: _____

PURCHASER INFORMATION: PLEASE ENCLOSE CLEAR COPY OF PURCHASER IDENTIFICATION

PURCHASER ONE		PURCHASER TWO	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
City:		City:	
Province:	Suite #:	Province:	Suite #:
Postal Code:		Postal Code:	
Main Phone:		Main Phone:	
Date of Birth:		Date of Birth:	
S.I.N. #:		S.I.N. #:	
Driver's License #: _____		Driver's License #: _____	
Expiry Date (DD/MM/YY): _____		Expiry Date (DD/MM/YY): _____	
Email:		Email:	

Please Fill Out The Following:

	Lot	Model
1st Choice		
2nd Choice		
3rd Choice		

Co-operating Broker (PLEASE ENCLOSE AGENT'S BUSINESS CARD):

Name: _____
Brokerage: _____
Address: _____
Mobile: _____ Office: _____ Fax: _____
Email: _____