



WORKSHEET

Date of Offer: OCT 11, 08 Salesperson: Danielle Donna Mal
Suite Number: PH01 Tower: PHO Floorplan: PH01 Level No.: 45 Legal: IL

PURCHASE PRICE & DEPOSITS:

Purchase Price: \$609,900
1st Deposit: \$2,000.00 with Agreement
2nd Deposit: Total to 5% in 30 days \$
3rd Deposit: 5% in 120 days \$
4th Deposit: 5% in 365 days \$
5th Deposit: Total to 20% on occupancy \$

SPECIAL INSTRUCTIONS - AMENDMENTS, ADDENDUMS, CONDITIONS:

- Drivers license to come.

PURCHASER #1

First, Middle & Last Name Leatt Soad
Date of Birth: (M/D/Y) 24 July 1946 S.I.N. _____

Drivers License #

Address 5240 Creditville RD Suite # _____
City MISSISSAUGA ON L5M 5N5 Postal Code _____
Residence Phone 905-542-8364 Business Phone 416-258-3053
Fax Number (905)-542-8364
Email Address Leatt.Sucharski@gmail.com

PURCHASER #2

First, Middle & Last Name Tony Soad
Date of Birth: (M/D/Y) 12 Aug 1938 S.I.N. _____

Drivers License #

Address 5240 Creditville RD Suite # _____
City MISSISSAUGA ON L5M 5N5 Postal Code _____
Residence Phone 905-542-8364 Business Phone 416-918-3053
Fax Number (905)-542-8364
Email Address _____

PURCHASER'S SOLICITOR

Solicitor's Name _____ Firm _____
Address _____ Suite No. _____
City _____ Postal Code _____
Phone Number _____ Email _____
Fax Number _____

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:

immulation
BROKER | VARIOUS INSTANTS

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