



## GRAND OPENING WORKSHEET

Suite Number: 3003

Tower:

Floorplan: \_

W

Level No.:

200

\_Legal: <u>SO</u>

Date of Offer:

Salesperson:

STAKEY

iving with you?	Dependents Ages: Marital Status:
How did you hear about us?	
PURCHASER PROFILE: to be completed by agent/sign-up person	erson End User or Investor?
PLEASE MAKE CHEQUES PAYABLE TO	CHEQUES PAYABLE TO HARRIS, SHEAFFER, LLP in Trust
Fax Number	Email
	Postal Code
	Suite No.
	Firm
PURCHASER'S SOLICITOR	
lin @ gmzil. com	Email Address
	Fax Number
Residence Phone Business Phone	Residence Phone Business Phone
MUSSISSAUGO LSM 747. City Postal Code	City Postal Code
Suite#	Address Suite#
<u>/ 4741 -25908 -3052                                    </u>	Drivers License #
Date of Birth: (M/D/Y) S.I.N.	Date of Birth: (M/D/Y)
First, Middle & Last Name	First, Middle & Last Name
PURCHASER #1	PURCHASER #2
your Bucke.	
SDECIAL INSTRUCTIONS - AMENDME	NTS ADDENDLIMS CONDITIONS:
()	
5% in 120 days 365, \$ 13,5	/S · Date:
5% in 20 days 120 \$ /3/	5/5 Date:
Total to 5% in 30 days \$	5/5 . Date:
\$2,000.00 with Agreement	
\$ 270,300.	
PRICE & DEPOSITS:	

How many dependents are living with you?