



GRAND OPENING WORKSHEET

Suite Number: 80 2 Tower: 0 Floorplan: 0 Level No.: 8 Legal: 8	Date of Offer: Sully Salesperson: + SO SU	Hose/ Sandra
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Profession: Dependents Ages: Marital Status:	Did you register through the Web? How did you hear about us? How many dependents are living with you? Purples Profes Profes
CHEQUES PAYABLE TO HARRIS, SHEAFFER, LLP in Trust	PLEASE MAKE CHI
Garden Gale Firm 505 Garden Gale Firm 505 Suite No. Postal Gode Advidme Miclaw Cer Fax Number Email	Solicitor's Name Kingshindge Gardress 188 augs City 105 8910-1800 90: Phone Number Fa
Email Address	Email Address Email Address
Fax Number	
Residence Phone Business Phone	314-8 101-8
000	City Postal Code
Suite # Address Suite #	3180 Stalanant Dr.
Drivers License #	MOSTIF 46308 50307. Drivers License #
Date of Birth: (M/D/Y)	EV).07 (985 53) (3
First, Middle & Last Name	First, Middle & Last Name
PURCHASER #2	PURCHASER #1
SPECIAL INSTRUCTIONS - AMENDMENTS, ADDENDUMS, CONDITIONS:	SPECIAL INSTRUC
	5 th Deposit: Total to 20% on occupancy
\$ 17,650 Date:	4th Deposit: 5% in 120 days
\$ 17,650 Date:	3 rd Deposit: 5% in 90 days
\$ 15,650 Date:	2 nd Deposit: Total to 5% in 30 days
	1 st Deposit: \$2,000.00 with Agreement
	Purchase \$ 353,000
	PURCHASE PRICE & DEPOSITS: