

## WORKSHEET

IN2ITION Salesperson:

AUDINE

Date of Offer:

1908-

Ø

| Suite Number:  | : 1906 Tower: 2  | Floorplan: Level No.:                | No.: 18 Unit No. 8   |
|--|--|--------------------------------------|--|
| PURCHASE P   | PURCHASE PRICE & DEPOSITS:                                   |                                      |  |
| Purchase<br>Price:   | \$ 274,900   |                                      |  |
| 1 <sup>st</sup> Deposit:                                     | \$2,000.00 with Agreement                                    |                                      | 1  |
| 2 <sup>nd</sup> Deposit:                                     | Balance to 5% in 30 days                                     | 0 5ht 11 s                           | Date: Scht 15/6.   |
| 3 <sup>rd</sup> Deposit:                                     |  | \$ 13,745                            | Date: NOV 15 //O   |
| 4 <sup>th</sup> Deposit:                                     | 5% in 120 days   | 2ht 18/                              | Date: Fcb /S /   |
| 5 <sup>th</sup> Deposit:                                     | Total to 20% on occupancy                                    | \$ 13,745                            | Date: Apr 16/12.   |
| PLEASE MAK   | PLEASE MAKE CHEQUES PAYABLE TO HARRIS, SHEAFFER LLP in Trust | RIS, SHEAFFER LLP in Trust           | •  |
| C/20-8-  | SPECIAL INSTRUCTIONS -                                       | - AMENDMENTS, ADDENDUMS, CONDITIONS: | DUDITIONS:   |
| -120-  | 160 deposit  | A                                    |  |
| PURCHASER#1  | ブ<br>へ<br>メ  | PURCHASER #2                         |  |
| First, Middle & Last Nam                                     | -1961 2026195  | First, Middle & Last Name            | ·  |
| Date of Birth: (M/D/Y)                                       | S.I.N.<br>2 7-3-   | Date of Birth: (M/D/Y)               | S.I.N  |
| Drivers ticense #  | STR47HTVSN D K 4 ) S   | Drivers License #                    | Expiry Date  |
| Address<br>M \%  | か<br>Wite#   | 69                                   | Suite#   |
| )  | HCSO-F-Sh<br>Postal Code                                     | City                                 | Postal Code  |
| ence Phone   | Business Phone   | Residence Phone                      | Business Phone   |
| Fax Number   |  | Fax Number                           |  |
| Email Address  |  | Email Address                        |  |
| PURCHASER'S SOLICITOR  A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | S SOLICITOR ,  | Firm                                 |  |
| Address Q  |  |                                      | Suite No.  |
| City   |  | Postal Code                          |  |
| Phone Number 9   | 905 8263 k21 Fax Number                                      | er Email                             |  |
| PURCHASER F  | PURCHASER PROFILE: to be completed by agent/sign-up person   | ent/sign-up person                   | Project Comments of the Commen |
| How did you hear about us?                                   | about us?  | End User of Investor?  Profession:   | en de la companya de   |
| How many depen   | How many dependents are living with you?                     | Dependents Ages:                     | Marital Status:  |

Exclusive Broker - 2th