PURCHASER INFORMATION FORM

PARKSIDE VILLAGE MISSISSAUGA

Suite #: TH-7, BNS

Purchasers Name(s): Ullah Niamat

Purchasers Address: _____

Tel: (Daytime): _____

(Cell): _____

Email Address: eng-niamat@yahoo.com

PURCHASER'S SOLICITOR INFORMATION

Name: _____

Firm: _____

Address: _____

Tel: _____

Fax: _____

Email _____

Please return the completed form to:

PARKSIDE VILLAGE SALES TEAM
465 Burnhamthorpe Road West | Mississauga | ON | L5B 0E3 | 905.273.9333
FAX: 905-273-7772 EMAIL:SUPPORT1@LIFEATPARKSIDE.COM
LIFEATPARKSIDE.COM

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