

PURCHASER



ARKSIDE

MISSISSAUGA

| Suite #: | Z |
|-----------|---------------|
| *325, B9S | ORMATION FORM |
| | |

Name(s):

MAKON ESTRADA

Purchaser/s

| Purchaser/s Address: | STO SCOULARD COLOT, MISSISSINGA, ONT. LEWYZES, COMODA | |
|-------------------------|---|---|
| Tel: (Daytime): | (4/6) 561-0406 | |
| (Cell): | (416) 561-0406 | |
| Email Address: | acronse e ginail com | ! |
| | PURCHASER'S SOLICITOR INFORMATION | |
| Name: | | |
| Firm: | | |
| Address: | | |
| Tel: | | |
| Fax: | | |
| Email | | |
| | | |

Please return the completed form to:

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PARKSIDE VILLAGE SALES TEAM

465 Burnhamthorpe Road West | Mississauga | ON | L5B 0E3 | 905.273.9333 | 905.273.7772

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