FORM

TRIDEL
BUILT FOR LIFE

Purchaser(s) Information

PLEASE PRINT

Name

1.) MR. ◯ MRS. ◯ MS. ◯ MISS ◯ DR. ◯

FIRST **MIDDLE (no initials allowed)** **LAST**

Email _____

TO BE SHREDDED

#1 SIN# _____

DOB DD / MONTH / YY _____

Name:

2.) MR. ◯ MRS. ◯ MS. ◯ MISS ◯ DR. ◯

FIRST **MIDDLE (no initials allowed)** **LAST**

Email _____

#2 SIN# _____

DOB DD / MONTH / YY _____

Address _____ Suite/Apt.: _____

CITY PROVINCE POSTAL CODE

Phone Number(s)

(H) _____

(M) _____

(B) _____

Occupation 1) _____ 2) _____

Type of ID Provided ◯ DRIVER'S LICENSE ◯ PASSPORT ◯ CITIZENSHIP/PERMANENT RESIDENCY

◯ OTHER GOVERNMENT ISSUED ID (Please Specify) _____

FLOORPLAN DESIGN CHOICES	FLOOR PREFERENCE Low (8') - FL 2-8 / High (9') - FL 9-13	
#1	LOW	HIGH
#2	LOW	HIGH
#3	LOW	HIGH

COMMENTS:

REALTOR INFORMATION

AMIT KALIA
Real Estate Broker
905-339-5111

RE/MAX REAL ESTATE CENTRE INC BROKERAGE
INDEPENDENTLY OWNED AND OPERATED

100 City Centre Drive (Square One Mall)
Unit 1-702
Mississauga, ON L5B 2C9
Tel : 905-272-5000
Fax : 905-272-5088
Email : akalia@trebnet.com
Blog: condopundit.com
Website: realestate-ontario.com

For Sales Office Use Only

Suite Information

SUITE # _____ **Design** _____ **DETAILED SOURCE:** _____

Offer Price $ _____

Discount Price $ _____ **TOTAL PRICE** $ _____

Deposit Structure

20 % Deposit

5% on signing	$ _____	Due _____
5% in 180 days	$ _____	Due _____
5% in 270 days	$ _____	Due _____
5% in 420 days	$ _____	Due _____

35% Deposit

15%	$ _____	Due on **signing**
15%	$ _____	Due in **180 days**
5%	$ _____	Due on **Escrow**