

PURCHASER 1 INFORMATION

Name (Given/Surname):		D.O.B: (____/____/____) DD / MM / YYYY	
Address:	City:	Postal Code:	
Email:	Phone:	Cell:	
Occupation:		Employer:	
Document Type (check one): <input type="radio"/> Driver's License <input type="radio"/> Passport		SIN #:	
Identification #:	Exp: ____/____/____) DD / MM / YYYY		
Marital Status:		End User or Investor:	
How many dependents are living with you:		Their Ages:	

PURCHASER 2 INFORMATION

Name (Given/Surname):		D.O.B: (____/____/____) DD / MM / YYYY	
Address:	City:	Postal Code:	
Email:	Phone:	Cell:	
Occupation:		Employer:	
Document Type (check one): <input type="radio"/> Driver's License <input type="radio"/> Passport		SIN #:	
Identification #:	Exp: ____/____/____) DD / MM / YYYY		
Marital Status:		End User or Investor:	
How many dependents are living with you:		Their Ages:	

VENDOR: TRAFALGAR HEIGHTS INC. Site Staff: \_\_\_\_\_

SUITE SELECTION - OPTION 1

SUITE:	SQ FT:
MODEL:	LEVEL:

SUITE SELECTION - OPTION 2

SUITE:	SQ FT:
MODEL:	LEVEL:

SUITE SELECTION - OPTION 3

SUITE:	SQ FT:
MODEL:	LEVEL:

PURCHASE PRICE: \$	DEPOSITS:	DATE:	AMOUNT:
	Initial Deposit w/AGMT		\$5,000.00
	Balance to 5% in 30 Days		\$
	5% in 90 Days		\$
	5% in 180 Days		\$
	5% in 360 Days		\$
			\$

CO-BROKER INFORMATION:

Brokerage Name:	Attach Business Card
Address:	
City: Postal:	
Business Telephone:	
Email:	
Agent Name:	