

# FIFTH AVENUE HOMES

## KING CITY Worksheet

OFFICE USE ONLY		
Date Received: _____ Time Received _____		
Sales Representative: _____		
UNIT #: _____		
MODEL	OPTION	
Please enclose 1 clear copy of the purchaser ID and 2 clear copies of their cheque. Must include Passport or PR card		
Worksheet will NOT be accepted unless completed entirely		
ALL Chequees MUST be payable to:		
Purchaser1	Purchaser2	
First Name: _____	First Name: _____	
Last Name: _____	Last Name: _____	
Address: _____	Address: _____	
Suite#: _____	Suite#: _____	
City: _____ Province: _____	City: _____ Province: _____	
Postal Code: _____	Postal Code: _____	
Main Phone: _____	Main Phone: _____	
Alternative Phone: _____	Alternative Phone: _____	
Date of Birth: M _____ D _____ Y _____	Date of Birth: M _____ D _____ Y _____	
SIN# _____	SIN# _____	
Profession: _____	Profession: _____	
ID: Passport Drivers Liscence PR Card	ID: Passport Drivers Liscence PR Card	
ID #: _____	ID #: _____	
Expiry Date: _____	Expiry Date: _____	
Email: _____	Email: _____	
		APPROVED
Base Purchaser Price:		
Total Purchase Price:		
Comments:		
Closing Date:		
Purchaser Profile:		
How did you hear about us?	How did you hear about us?	
Age: _____	Age: _____	
User Type: END or INVESTOR	User Type: END or INVESTOR	
Cooperating Agent's Business Card		