

PURCHASER 1:		D.O.B	(___/___/___)
PURCHASER 2:		D.O.B.	(___/___/___)
ADDRESS:	CITY:	POSTAL CODE:	
PHONE (HOME):	WORK:	OTHER:	
E-MAIL:	ALTERNATE E-MAIL:		

FINTRAC INFORMATION:

PURCHASER 1 OCCUPATION: _____ EMPLOYER: _____

IDENTIFICATION #: _____ DOCUMENT TYPE: _____ EXP: _____

PURCHASER 2 OCCUPATION: _____ EMPLOYER: _____

IDENTIFICATION #: _____ DOCUMENT TYPE: _____ EXP: _____

VENDOR: _____

REAL ESTATE BROKER: SPECTRUM REALTY SERVICES INC. SITE STAFF: BISOGNO/HESHAMI/MAK

OPTION #1

SUITE NUMBER: _____ EXPOSURE: _____

LEGAL DESC: _____ UNIT: _____ LEVEL: _____

MODEL: _____ TYPE: _____

OPTION #2

SUITE NUMBER: _____ EXPOSURE: _____

LEGAL DESC: _____ UNIT: _____ LEVEL: _____

MODEL: _____ TYPE: _____

OPTION #3

SUITE NUMBER: _____ EXPOSURE: _____

LEGAL DESC: _____ UNIT: _____ LEVEL: _____

MODEL: _____ TYPE: _____

PURCHASE PRICE:	DEPOSITS:	DATE:	AMOUNT:
\$	INITIAL DEPOSIT W/AGMT		\$5,000.00
	Balance to 5% in 30 Days		\$
	5% in 180 Days		\$
	5% in 480 Days		\$
	5% at Occupancy		\$

EXTRAS INCLUDED IN THE PURCHASE PRICE:

1 Parking and 1 Locker

CO-BROKER INFORMATION:

Brokerage Name: _____ Address: _____ City: _____ Postal: _____ Business Telephone: _____ e-mail: _____ Agent 1 Name: _____ Agent 2 Name: _____	ATTACH BUSINESS CARD
---	----------------------