Unit Request Form

Date Received:		Base Purchase Price:	
Broker Sales Representa			
Suite: (the unit)		Locker Cost	
Model:	(Yes or No) Total Purchase Price:		
Please fill out the fol	llowing		
	Model	Floor	
Choice #1			
Choice #2			
Choice #3			
Choice #4			
Purchaser Informat	tion: Please enclo	ose clear copy of purchaser identificat	
Purchaser 1		Purchaser 2	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
Suite #		Suite #	
City:		City:	
Postal Code:		Postal Code:	
Main Phone #:		Main Phone #:	
Alternate Phone #:		Alternate Phone #:	
Date of Birth:		Date of Birth:	
S.I.N #:		S.I.N #:	
Driver's License #		Driver's License #	
Expiry Date:		Expiry Date:	
Email:		Email:	
Purchaser Profile	(To Be Complete	ed By Agent)	
How did you hear a	about us?		
Profession:		-	
Employer:		,	
End User or Invest	tor?		
Co-operating E	Broker: Please en	close Agent's Business Card.	
Name: Rhon	da Tang		
	rst Class Realty Ind	c. Brokerage	
-	Woodbine Ave Un	nit 203, Markham, ON, L3R 2W1	
Mobile: 647-883-0528			
Office:		FIRST CLASS	
Fax:		Rhonda Tang	
Email:		Sales Representative 1499 647.883.0528 rhondatang@gmail.com	