

Worksheet Platinum SALESPERSON/BROKER



Co-op Agent Name _____

Co-op Broker Company _____

Company address: _____

Fax: _____

Phone: _____

E-mail: _____

Purchaser Contact Information - All information below must be filled in COMPLETELY to Qualify

Only 2 suites can be purchased in SAME name provided you qualify for mortgage approval and Vendor approves.
Please provide legal name as it appears on photo identification. PARKING IS NOT AVAILABLE FOR ALL SUITES.

SUITE NAME: _____ SUITE # _____ LEVEL # _____ UNIT # _____

PARKING: YES _____ NO _____ LOCKER: YES _____ NO _____

PURCHASER #1: _____
First, Middle & LAST NAME S.I.N. Number D.O.B. (Month-Day-Year)

PURCHASER #2: _____
First, Middle & LAST NAME S.I.N. Number D.O.B. (Month-Day-Year)

ADDRESS: _____

CONTACT #'S	PURCHASER #1	PURCHASER #2
	HOME PHONE: _____	HOME PHONE: _____
	OFFICE PHONE: _____	OFFICE PHONE: _____
	CELL PHONE: _____	CELL PHONE: _____
	EMAIL: _____	EMAIL: _____
	FAX NUMBER: _____	FAX NUMBER: _____

MAKE CHEQUES PAYABLE TO: Minden Gross LLP IN TRUST

**PLEASE EMAIL CONFIRMED WORKSHEET AND PHOTO I.D. TO _____
BY NO LATER THEN 11:55 P.M. MAY 8, 2014**

Purchaser Lawyer:

SOLICITOR: _____
Name

ADDRESS: _____

EMAIL : _____

TELEPHONE: _____

FAX: _____

