

WORKSHEET

Fax: 416-599-9868 EMAIL: kingbluecondos@bakersales.info

OFFICE USE ONLY	
Date Received: _____	BASE PURCHASE PRICE \$ _____
Baker Sales Representative: _____	PARKING COST \$ _____
SUITE: _____ (the Unit)	LOCKER COST \$ _____
MODEL: _____	TOTAL PURCHASE PRICE \$ _____

PLEASE FILL OUT THE FOLLOWING

	MODEL	FLOOR
CHOICE #1		
CHOICE #2		
CHOICE #3		
CHOICE #4		
CHOICE #5		

PURCHASER INFORMATION : PLEASE ENCLOSE CLEAR COPY OF PURCHASER IDENTIFICATION

PURCHASER 1		PURCHASER 2	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
Suite #		Suite #	
City:	Province:	City	Province:
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 Licence #		Driver's Licence #	
Expiry Date:		Expiry Date:	
Email:		Email:	
PURCHASER PROFILE: (TO BE COMPLETED BY AGENT)			
Did you register through the Web?		How did you hear about us?	
Profession:		Marital Status:	
How many dependents?		Ages?	
End User or Investor			

Co-operating Broker: P
 Name: _____
 Brokerage: _____
 Address: _____
 Mobile: _____
 Office: _____
 Fax: _____
 Email: _____

KINGSWAY
 REAL ESTATE BROKERAGE
 151 City Centre Dr., #300
 Mississauga, ON, L5B 1M7



KARAMBIR (KB) SINGH
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 Real Estate Salesperson

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