METROSIDE2
AT FISH CREEK EXCHANGE

WORKSHEET

EMAIL: info@Metroside.ca

TOTAL PURCHASE PRICE

ALL PRICES ARE EXCLUSIVE OF GST $_____

BUSINESS CARD HERE

Preferred Plan:

	PLAN	BLOCK
CHOICE #1		
CHOICE #2		
CHOICE #3		

FOR OFFICE USE ONLY – TIME/DATE STAMP _____

INCENTIVE (PLEASE SELECT OPTION)

10% DEPOSIT _____

$5000 Locker _____

3 YEAR RENTAL MANAGEMENT PROGRAM _____

Purchaser Information: Please enclose a clear copy of valid purchaser photo identification

PURCHASER 1	**PURCHASER 2**
First Name:	First Name:
Last Name:	Last Name:
Address:	Address:
City: Province:	City: Province:
Postal Code:	Postal Code:
Phone #:	Phone #:
Date of Birth:	Date of Birth:
Occupation:	Occupation:
Drivers License #: Expiry Date:	Drivers License #: Expiry Date:
Email:	Email:

Co-operating Broker Information

Name : _____

Brokerage : _____

Address: _____

Phone: _____

Email: _____

GRAYWOOD
AN INTELLIGENT MOVE