Preconstruction Worksheet

*Only completed worksheets will be considered

Project Name: _____

PLEASE INDICATE YOUR PREFERENCE:

Choice #1: _____ model _____ floor #

Choice #2: _____ model _____ floor #

Choice #3: _____ model _____ floor #

PARKING & LOCKERS

☐ Parking (If Available)

☐ Locker (If Available)

PURCHASER INFORMATION: (Please enclose a clear copy of the the purchaser identification)

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:
SIN #:	SIN #:
Drivers License #:	Drivers License #:
Expiry Date:	Expiry Date:
Email:	Email:

PURCHASER PROFILE: (To be completed by agent)

Purchaser 1 Profession: _____ Employer: _____
(If self employed please state what they do and title)

Purchaser 2 Profession: _____ Employer: _____
(If applicable)

Marital Status: _____

How many dependents?: _____ Ages: _____

☐ End User ☐ Investor

REQUIRED ALONG WITH THE WORKSHEET

Please attach the below requirements with your submission

1. Images of the front & back of government issued ID
   No Health Cards
2. Image of the first deposit cheque
   Payable to the Builder's Lawyer
3. Other:

SUBMIT VIA EMAIL
worksheets@royallepagesignature.com

COOPERATING BROKER: (Please enclose business card)

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Mobile #: 416 561 3923
Office #: 416 443 0300
Email: jeff@royallepagesignature.com

Name: _____

☐ Don Mills ☐ Downtown ☐ Mississauga

Mobile Number: _____

Office Number: _____

Email: _____

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IND. OWNED & OPERATED BROKERAGE