

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: _____

Last Name: _____

Address: _____

Suite#: _____

City: _____ Province: _____

Postal Code: _____

Main Phone: _____

Alternate Phone: _____

Date of Birth: _____

SIN #: _____

Drivers License #: _____

Expiry Date: _____

Email: _____

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:

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

SUBMIT VIA EMAIL

worksheets@royallepagesignature.com

COOPERATING BROKER: (Please enclose business card)

Jeff Slightham
Vice President/Broker
8 Sampson Mews, Suite 201
Toronto, ON. M3C 0H5

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