



Purchaser Information Worksheet

Office Use Only	
Date Received: _____	Base Purchase Price: _____
Sales Representative: _____	Lot Premium: _____
Suite: _____	Discount: _____
Model: _____	Total Purchase Price: _____

Please fill out the Following:

Model Choice	Elevation	Lot Frontage	Sqft Range	# of Beds	# of Baths
#1:					
#2:					

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#: _____	
Drivers Licence #: _____		Drivers Licence #: _____	
Expiry Date: _____		Expiry Date: _____	
Email: _____		Email: _____	

Purchaser Profile (to be completed by agent)

How did you hear about us? _____	How did you hear about us? _____
Profession (1): _____	Profession (2): _____
Age: _____	Age: _____
End User of Investor _____	End User of Investor _____

Co-operating Broker: Please enclose Agent's Business Card

Agent Name: _____	Brokerage: _____
Address _____	Fax _____
Mobile # _____	Office # _____
Email: _____	



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