Daniels Erin Mills

For office use:
Date Received: _____

Time Received: _____

Fax: 905-997-0821 | Tel: 905-306-6996

W O R K S H E E T

AGENT: Juan Santos, Daniels' Platinum Agent **Company:** City Centre Real Estate Ltd., Brokerage

Cell: 416.881.5826 **Office Tel:** 905.232.5000

Email: info@erinmillscondos.ca

	MODEL	FLOOR
Choice #1		TO
Choice #2		TO
Choice #3		TO
Choice #4		TO
Choice #5		TO

SUITE: _____ **(the "Unit #")** **MODEL:** _____

PURCHASE PRICE: $ _____

SALE DAY INCENTIVE $ _____

SECOND PARKING (Towns & Combo only): $ _____

TOTAL PURCHASE PRICE $ _____

COMBO SUITE (3rd – 10th floor)* YES ☐ NO ☐

2nd BEDROOM OPTION (if applicable)** YES ☐ NO ☐

*Only available on select units. Please see a sales representative for details
** Only available on Town units. Please see a sales representative for details

PURCHASER INFORMATION (TO BE FULLY COMPLETED)

Purchaser Name (First, LAST):	**Purchaser Name (First, LAST):**
Address:	**Address:**
Suite #	**Suite #**
City:	**City:**
Postal Code:	**Postal Code:**
Home / Cell Phone: *(Circle which provided)*	**Home / Cell Phone:** *(Circle which provided)*
Business Phone:	**Business Phone:**
Email Address:	**Email Address:**
Date of Birth *(Y/M/D):*	**Date of Birth***(Y/M/D)*:
S.I.N. #	**S.I.N. #**
Profession:	**Profession:**