

PURCHASER 1: _____ D.O.B (___/___/___)

PURCHASER 2: _____ D.O.B (___/___/___)

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE (HOME): _____ WORK: _____ OTHER: _____

E-MAIL: _____ ALTERNATE E-MAIL: _____

FINTRAC INFORMATION:

PURCHASER 1 OCCUPATION: _____ EMPLOYER: _____

IDENTIFICATION #: _____ DOCUMENT TYPE: _____ EXP: _____

PURCHASER 2 OCCUPATION: _____ EMPLOYER: _____

IDENTIFICATION #: _____ DOCUMENT TYPE: _____ EXP: _____

VENDOR: LIV COMMUNITIES

REAL ESTATE BROKER: SPECTRUM REALTY SERVICES INC. SITE STAFF: Claudia Romano & Rob Paluzzi

OPTION #1

LOT NUMBER: _____ ELEVATION: _____

MODEL TYPE: _____ BLOCK: _____

STREET NAME: _____ CITY: Brantford

CLOSING DATE: (for LIV/Spectrum use)

OPTION #2

LOT NUMBER: _____ ELEVATION: _____

MODEL TYPE: _____ BLOCK: _____

STREET NAME: _____ CITY: _____

CLOSING DATE: (for LIV/Spectrum use)

BASE PURCHASE PRICE: \$ _____	TOTAL PRICE: \$ _____
LOT PREMIUM: \$ _____	FIRST DEPOSIT: \$ _____
OTHER PREMIUM(S): \$ _____	FURTHER DEPOSIT: \$ _____
OPTIONAL LAYOUT: YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE: _____
OPTIONAL LAYOUT ADD: \$ _____	FURTHER DEPOSIT: \$ _____
OTHER +/- ADJUSTMENTS \$ _____	DATE: _____
	FURTHER DEPOSIT: \$ _____
	DATE: _____

NOTES:

CO-BROKER INFORMATION:

Brokerage Name: _____

Address: _____

City: _____

Postal: _____

Business _____

Telephone: _____

e-mail: _____

Agent 1 Name: _____

Agent 2 Name: _____

ATTACH BUSINESS CARD