

WORKSHEET

Email: unioncity@bakersales.info

UNIONCITY

OFFICE USE ONLY

DATE RECEIVED: _____

BAKER SALES REPRESENTATIVE: _____

SUITE SELECTION: Please fill out the following with your desired choices.

	BED TYPE	BATHS	VIEW	LOW, MID, OR HIGH FLOOR	PRICE RANGE
CHOICE #1					
CHOICE #2					
CHOICE #3					

Parking: Y/N

*Subject to Availability
Podium: available for units 548 sqft and larger
Tower: available for units 605 sqft and larger

Locker: Y/N

PURCHASER INFORMATION: Please enclose clear copy of purchaser photo identification.

**Proof of Canadian Citizenship is required, as per the Prohibition on the Purchase of Residential Property by Non-Canadians Act.*

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:
Identification Document Type:	Identification Document Type:
Identification #:	Identification #:
Expiry Date:	Expiry Date:
SIN #:	SIN #:
Email:	Email:
Profession and Company Name (for FINTRAC purposes):	Profession and Company Name (for FINTRAC purposes):
End User or Investor?	End User or Investor?

Co-operating Broker: Please enclose Agent's business card.

Name: _____

Brokerage: _____

Address: _____

Mobile: _____

Office: _____

Fax: _____

Email: _____