

peter street

CONDOMINIUMS

VIP RELEASE: WORKSHEET

Date: _____			
BROKER INFO			
BROKERAGE: _____		SALES PERSON: _____	
OFFICE TEL: _____		CELL: _____	
1ST SUITE PREFERENCE			
Suite Name: _____	Size: _____	Unit No.: _____	Preferred Floor(s): _____
<i>E.g. Art 329</i>	<i>E.g. 329 sq. ft.</i>	<i>E.g. 02</i>	<i>E.g. 16 to 18</i>
2ND SUITE PREFERENCE			
Suite Name: _____	Size: _____	Unit No.: _____	Preferred Floor(s): _____
3RD SUITE PREFERENCE			
Suite Name: _____	Size: _____	Unit No.: _____	Preferred Floor(s): _____
PURCHASER INFO			
PURCHASER 1:		PURCHASER 2:	
NAME _____		NAME _____	
SIN # _____		SIN # _____	
DOB (MM/DD/YY) _____		DOB (MM/DD/YY) _____	
ADDRESS _____ SUITE # _____		ADDRESS _____ SUITE # _____	
CITY _____ PROVINCE _____		CITY _____ PROVINCE _____	
POSTAL CODE _____		POSTAL CODE _____	
HOME: _____		HOME: _____	
OFFICE: _____		OFFICE: _____	
E-MAIL: _____		E-MAIL: _____	
OCCUPATION: _____		OCCUPATION: _____	

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Sutton Group Realty Systems Brokerage


