



WORKSHEET

Project Name:	
1 st Suite/Model:	
2 nd Suite/Model:	
3 rd Suite/Model:	
Parking:	Yes No
Locker:	Yes No

PURCHASER INFORMATION	
PURCHASER 1	PURCHASER 2
First Name:	First Name:
Last Name:	Last Name:
Address:	Address:
Suite#:	Suite#:
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Date of Birth:	Date of Birth:
SIN #:	SIN #:
Driver License #:	Driver License #:
Driver's License	Driver's License
Expiry Date:	Expiry Date:
Residency:	Residency:
Canadian Resident	Canadian Resident
Non-Resident	Non-Resident
Phone:	Phone:
Email:	Email:
Occupation:	Occupation:

PURCHASER PROFILE	
How did you hear about us?	Google Search Social Media E-marketing Friend Referral Broker Referral Other: _____
Currently living in:	House Apartment Condo
Current home ownership status:	Rent Owned Investor
Do you have any children? If yes, how many?	One Two Three Three or more
Are you an end-user or investor?	End-user Investor
Buyer move?	First time buyer Up-sizing Down-sizing

CO-OPERATING BROKER: PLEASE ENCLOSE AGENT'S BUSINESS CARD	
Name:	Office:
Brokerage:	Fax:
Address:	Email:
Mobile:	

FOR MORE INFORMATION, CONTACT MIKE YAT:
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