

PURCHASER 1:	_____	D.O.B	(____/____/____)
ADDRESS:	_____	CITY:	_____
PHONE (SMS):	_____	HOME:	_____
E-MAIL:	_____		
PURCHASER 2:	_____	D.O.B	(____/____/____)
ADDRESS:	_____	CITY:	_____
PHONE (SMS):	_____	HOME:	_____
E-MAIL:	_____		

FINTRAC INFORMATION:

PURCHASER 1 OCCUPATION:	_____	EMPLOYER:	_____
IDENTIFICATION #:	_____	ID TYPE:	_____
PURCHASER 2 OCCUPATION:	_____	EMPLOYER:	_____
IDENTIFICATION #:	_____	ID TYPE:	_____

PROJECT INFORMATION:

VENDOR:	ROSEHAVEN HOMES LIMITED		
REAL ESTATE BROKER:	SPECTRUM REALTY SERVICES INC.	SITE STAFF:	INNA SEMIKOLENNIHA

OPTION #1

LOT NUMBER:	_____	ELEV:	_____
MODEL:	_____	PRICE:	_____
SQ FOOTAGE:	_____		

OPTION #2

LOT NUMBER:	_____	ELEV:	_____
MODEL:	_____	PRICE:	_____
SQ FOOTAGE:	_____		

OPTION #3

LOT NUMBER:	_____	ELEV:	_____
MODEL:	_____	PRICE:	_____
SQ FOOTAGE:	_____		

OPTIONS:	DEPOSITS:	DATE:	AMOUNT:
	INITIAL DEPOSIT W/AGMT		\$ 25,000.00

CO-BROKER INFORMATION:	
Agent Name:	ATTACH BUSINESS CARD
Brokerage Name:	
Address:	
City:	
Postal:	
Business Telephone:	
Agent's E-mail:	