

# WestVillage

ETOBICOKE



## PURCHASER(S) INFORMATION

NAME: MR.  MRS.  MS.  MISS.  DR.

FIRST \_\_\_\_\_ MIDDLE (no initials allowed) \_\_\_\_\_

LAST \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TYPE OF ID PROVIDED:  BIRTH CERTIFICATE  DRIVERS LICENCE  PASSPORT

OTHER GOVERNMENT ISSUED ID (please specify) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHONE:

(Res) \_\_\_\_\_

(Bus) \_\_\_\_\_

(Cell) \_\_\_\_\_

## SELECTION & PRICE FOR OFFICE USE ONLY

UNIT: \_\_\_\_\_ DESIGN: \_\_\_\_\_

PREVIEW PRICE: \_\_\_\_\_

TOTAL PRICE: \_\_\_\_\_

PARKING: \_\_\_\_\_

## SIGN-OFF AREA FOR OFFICE USE ONLY

SALES REP SIGN: \_\_\_\_\_ ADMIN SIGN: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

To be shredded

ID/Passport# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(NO DASHES in TEAM)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DD/MM/YY

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