

SUITE REQUEST FORM
DEADLINE AUGUST 24th AT 6:00PM

 BROKERAGE NAME: _____ PHONE NUMBER: _____
 BROKERAGE ADDRESS: _____
 AGENT NAME: _____ CELL PHONE NUMBER: _____
 AGENT EMAIL: _____ AGENT FAX NUMBER: _____




Remax Realtron Realty Inc. Brokerage
 Independently owned and operated

Sunny Batra
 Sales Representative

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 Bus: (416) 289-3333
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 Toll Free: 1-800-465-4628
 sbatra@trebnet.com

885 Progress Ave., #209, Scarborough, ON M1H 3G3

For Tips on Buying or Selling visit www.sunnybatra.com



Please print your contact information clearly. Purchaser must bring original government issued photo ID with them at time of purchase.

 PLEASE MAKE CHEQUES PAYABLE TO: **DELZOTTO, ZORZI, LLP IN TRUST**
PURCHASER'S INFORMATION

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: _____	
DRIVER'S LICENCE NO. _____		DRIVER'S LICENCE NO. _____	
OCCUPATION: _____		OCCUPATION: _____	

PURCHASER SUITE CHOICE:

CHOICE	UNIT NUMBER	TYPE	FLOOR	OFFICE USE
#1				
#2				
#3				

	PLEASE CIRCLE
Parking (Suites above \$340,000) \$ 30,000	YES / NO
Locker \$ 3,500	YES / NO
Bicycle Storage (Suites under \$340,000) \$ 500	YES / NO

Alternative Type Choice:
 Please Circle 1B 1B+D 2B 2B+D

Additional Requests: _____

Deposit Structure: \$3,000 with the offer
 Balance to 5% in 30 days
 5% in 90 days
 5% in 180 days
 5% in 365 days

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