

Picasso
on Richmond



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CITY ACCORD REALTY INC. | BROKERAGE



BROKERAGE NAME: _____

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AGENT NAME: Keith Graham **MOBILE NUMBER:** 416-712-7908

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Please print your contact email clearly as you will be contacted via email for your unit requests.
 Purchaser must bring original government issued picture ID with them at time of purchase.
 Please make deposit cheques payable to MCMILLAN BINCH LLP IN TRUST

DATE: _____

1st Choice	Suite Type _____	Sq. Ft. _____	Preferred Floors _____
2nd Choice	Suite Type _____	Sq. Ft. _____	Preferred Floors _____
3rd Choice	Suite Type _____	Sq. Ft. _____	Preferred Floors _____

PURCHASER 1:	PURCHASER 2:
_____	_____
FULL LEGAL NAME	FULL LEGAL NAME
_____	_____
SIN #	SIN #
_____	_____
D.O.B.	D.O.B.
_____	_____
ADDRESS	ADDRESS
_____	_____
CITY/PROV.	CITY/PROV.
_____	_____
POSTAL CODE	POSTAL CODE
_____	_____
HOME: () -	HOME: () -
_____	_____
OFFICE () -	OFFICE: () -
_____	_____
CELL: () -	CELL: () -
_____	_____
E-MAIL:	E-MAIL:
_____	_____

OFFICE USE, DO NOT WRITE BELOW THIS LINE

ASSIGNED SUITE:

UNIT: _____	BASE PRICE: _____
LEVEL: _____	INCENTIVES: _____
SUITE: _____	PURCHASE PRICE : _____