



Affix Business Card Here

AGENT AND PURCHASER REGISTRATION FORM AND WORKSHEET

Date: _____ MILAN Sales Representative: _____

Broker/Agent: _____ Telephone: _____

Cell: _____ Email: _____

Brokerage Agency: _____

PURCHASER #1		PURCHASER #2	
First, Middle & Last Name:		First, Middle & Last Name:	
Address:		Address:	
Address:	Suite #:	Address:	Suite #:
City:	Prov.:	City:	Prov.:
Postal Code:		Postal Code:	
Home #:	Work #:	Home #:	Work #:
Cell #:	Other #:	Cell #:	Other #:
email:		email:	
D.O.B.(D/M/Y):		D.O.B.(D/M/Y):	
Drivers License #:		Drivers License #:	
S.I.N.:		S.I.N.:	
PURCHASER'S SOLICITOR			
Name:		Firm:	
Address:		Telephone:	
Address:	Suite #:	Postal Code:	
City:		Fax #:	

for administrative use only

Suite #	Suite Type/Name	Purchase Price	Parking	Storage	Total Price
1 st Deposit		3 rd Deposit		5 th Deposit	
2 nd Deposit		4 th Deposit		Occupancy	

**Fax your worksheet to 416-928-3541 between 11 a.m. and 5 p.m.
in order to make your appointments.**