



# INFORMATION SHEET

P V \_\_\_\_\_ Sale Number \_\_\_\_\_ Sales Representative \_\_\_\_\_

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

VENDOR:	ROM Management Inc.		
REAL ESTATE BROKER:	Spectrum Realty Services Inc.	SITE STAFF:	
LOT NUMBER:		BLOCK #:	Unit #:
STREET:		IN THE	Town OF Georgetown
MODEL TYPE:		ELEVATION:	
MODEL DESCRIPTION:			
DATE OF OFFER:		CLOSING DATE:	
SOLICITOR:		SCHEDULED CLOSING DATE:	

BASE PURCHASE PRICE:	\$	TOTAL PRICE:	\$
LOT PREMIUM:	\$	DEPOSIT:	\$
OTHER PREMIUM(S):	\$	FURTHER DEP:	\$
OPTIONAL LAYOUT: YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE:	
OPTIONAL LAYOUT ADD:	\$	FURTHER DEP:	\$
	\$	DATE:	
	\$	FURTHER DEP:	\$
SUB-TOTAL:	\$	DATE:	

EXTRAS INCLUDED IN THE PURCHASE PRICE:	

CO-BROKER INFORMATION:	
Brokerage Name:	ATTACH BUSINESS CARD
Address:	
City:	
Postal:	
Tel:	
e-mail:	
Agent Name:	
Agent Name:	

FINTRAC INFORMATION:	
PURCHASER 1	
OCCUPATION:	
IDENTIFICATION #:	
PURCHASER 2	
OCCUPATION:	
IDENTIFICATION #:	

