



Booking request.

GLOBAL PLATINUM REALTY

Complete the shaded fields, select applicable boxes and save your copy.

PROJECT NAME

COMPLETE ALL APPLICABLE FIELDS. SIN IS OPTIONAL; LEAVE BLANK UNLESS REQUESTED.

01 / FIRST CHOICE

Model

Suite #

Level

02 / SECOND CHOICE

Model

Suite #

Level

03 / THIRD CHOICE

Model

Suite #

Level

☐ Parking

☐ Locker

☐ Investor

☐ End user

01

Purchaser information

01 / PURCHASER

First name

Last name

SIN # (optional)

DOB (MM/DD/YYYY)

Address

City

Postal code

Occupation

Company / business name

Cell number

Home number

Email address

02 / PURCHASER

First name

Last name

SIN # (optional)

DOB (MM/DD/YYYY)

Address

City

Postal code

Occupation

Company / business name

Cell number

Home number

Email address

AGENT NAME

AGENT CELL #

AGENT'S EMAIL

GLOBAL PLATINUM REALTY INC., BROKERAGE

114-7 Grand Avenue South, Cambridge, ON N1S 2L3

BROKERAGE # 647-360-5016

NOTES