

CHATEAU 9

Time Received _____

TREASURE HILL

Customer Worksheet

Agent Use	
Date Received: _____	Time Received _____
Sales Representative: _____	
LOT#: _____	
MODEL	FLOOR PLAN CHOICE
	Standard

Please enclose 2 clear copy of the purchaser ID and 1 clear copies of their cheque.
Worksheet will not be accepted unless completed entirely.
Please send worksheet to chateau9@treasurehill.com

ALL Cheques MUST be payable to: **TH Stouffville (Bethesda) Developments Inc.**

Purchaser 1	Purchaser 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
Suite #: _____	Suite #: _____
City: _____ Province: _____	City: _____ Province: _____
Postal Code: _____	Postal Code: _____
Main Phone: _____	Main Phone: _____
Alternate Phone: _____	Alternate Phone: _____
Date of Birth: M _____ D _____ Y _____	Date of Birth: M _____ D _____ Y _____
SIN# : _____	SIN# : _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
I.D. : Passport Drivers License PR Card	I.D. : Passport Drivers License PR Card
ID # : _____	ID # : _____
Expiry Date: _____	Expiry Date: _____
Email: _____	Email: _____

		Comments:
Base Price (List Price):		
Elevation Premium		
Lot Premium:		
Total:		
Structural Options:		
Total:		
Others/Incentives:		
Total Offer Price:		

Puchaser Profile:	
How did you hear about us? _____	Are you a First Time Homebuyer ? Yes / No
Age: _____	
User Type: END or INVESTOR	
Cooperating Broker: Staple Agent's Business Card	
CLOSING DATE:	