



APPELLATION

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

FINTRAC INFORMATION:

PURCHASER 1 OCC:	_____	EMPLOYER:	_____
ID #1 TYPE:	_____	No.	_____
ID #2 TYPE:	_____	No.	_____
SIN:	_____		
PURCHASER 2 OCC:	_____	EMPLOYER:	_____
ID #1 TYPE:	_____	No.	_____
ID #2 TYPE:	_____	No.	_____
SIN:	_____		

PROJECT INFORMATION:

Initial deposit must be a bank draft payable to: *Primont (Thorold/Welland) Inc.*

LOT DETAILS

LOT NUMBER:	_____	
BLOCK NUMBER:	_____	SQ FT: _____
MODEL:	_____	PRICE: _____
RL/RAVINE		

AMENDMENTS	DEPOSIT DATE:	DEPOSIT AMOUNT:
<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	\$	\$
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

SALES REP NOTES:	
	ATTACH BUSINESS CARD
AGENT NAME:	
BROKERAGE:	
EMAIL:	
CELL:	
OFFICE:	

