



# ONE STEP CLOSER TO YOUR DREAM HOME



DeerView Heights

*a family community*

## PURCHASER WORKSHEET

Please ensure that the information you provide below is the exact same information you intend to use at time of purchase.

LAST NAME:

GIVEN NAME(S):

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH (Year-Month-Day):

CANADIAN RESIDENT (Yes/No):

### IDENTIFICATION:

GOVERNMENT ISSUED ID (Driver's License, Passport, PR Card):

ID NUMBER:

ID EXPIRY DATE:

### EMPLOYMENT:

OCCUPATION:

EMPLOYER:

### HOME ADDRESS:

NUMBER:

STREET ADDRESS (No PO BOX Addresses) :

APARTMENT:

CITY:

PROVINCE:

POSTAL CODE:

### PREFERENCES:

TYPE (Traditional or Stacked Townhouses):

FIRST CHOICE: UNIT NUMBER (e.g. Unit 3):

SECOND CHOICE: UNIT NUMBER (e.g. Unit 4):

### CONTACT

sales@deerviewheights.com  
905.999.3300



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COMPLETE THIS SECTION IF MORE THAN ONE BUYER

COMPLETE THIS SECTION IF THE NAME ON THE DEPOSIT CHEQUE IS DIFFERENT

**CONTACT**

sales@deerviewheights.com

905.999.3300



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**SECTION 2:**

LAST NAME:

GIVEN NAME(S):

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH (Year-Month-Day):

CANADIAN RESIDENT (Yes/No):

IDENTIFICATION TYPE (Drivers License, Passport, PR Card):

ID NUMBER:

ID EXPIRY DATE:

OCCUPATION:

EMPLOYER:

**SECTION 3:**

LAST NAME:

GIVEN NAME(S):

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH (Year-Month-Day):

CANADIAN RESIDENT (Yes/No):

IDENTIFICATION TYPE (Drivers License, Passport, PR Card):

ID NUMBER:

ID EXPIRY DATE:

OCCUPATION:

RELATION TO BUYER: