

MIB RESERVATION REQUEST FORM



RE/MAX Real Estate Centre, My Investment Brokers
Real Estate Brokerage
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ALL FIELDS ARE MANDATORY: WORKSHEETS WITH MISSING FIELDS WILL NOT BE ACCEPTED

CHOICE	MODEL NAME	TYPE	NOTES <small>Preferred range of floors/Direction/What you want to avoid</small>
Example	AD 15	1 Bed + Den	Not 6 th Floor. Want west view
1			
2			
3			
4			
5			

PROJECT NAME: The Castle Mile

HOW DID YOU HEAR ABOUT US?:

PARKING: ☐

LOCKER: ☐

INVESTOR: ☐

END USER: ☐

PURCHASER 1

FULL LEGAL NAME:

SIN #:

DOB (DD/MM/YY):

ADDRESS:

SUITE #:

CITY:

PROVINCE:

POSTAL CODE:

OCCUPATION:

COMPANY NAME:

CELLPHONE:

HOME PHONE:

OFFICE #:

EMAIL:

PURCHASER 2

FULL LEGAL NAME:

SIN #:

DOB (DD/MM/YY):

ADDRESS:

SUITE #:

CITY:

PROVINCE:

POSTAL CODE:

OCCUPATION:

COMPANY NAME:

CELLPHONE:

HOME PHONE:

OFFICE #:

EMAIL:

NOTES

VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED WITH WORKSHEET

Please Email Your Completed Worksheet to info@myinvestmentbrokers.com