

Date: _____, 20____

INTENT TO PURCHASE – HOME SELECTION

PURCHASER:

First name

Last name

First name


Last name

REALTOR (if applicable):

Agent name

Agent brokerage

HOME PREFERENCES:

	Plan Type (ex. A1, A2, B2)	Home # (ex. #112)
1.		
2.		
3.		

ARE YOU ABLE/WILLING TO WRITE YOUR CONTRACT DIGITALLY?

YES

NO

IF NO, WHAT IS YOUR PREFERRED APPOINTMENT TIME *Booking for Thursday April 23 & Friday April 24th:

9-11AM

11-1PM

1-3PM

3-5PM

*Appointments will take approximately 45 minutes. Homes will be allocated on a first come, first served basis. All appointments are private and will follow sanitization and social distancing guidelines as set by provincial and federal health authorities.

Presentation Centre :

7291 Wren Street, Mission BC
Open Thursday – Sunday 12-5PM by appointment

info@wrmission.com | 604.287.3000



ELEVATE



PilotHouse
REAL ESTATE INC.

wren +raven HILLSIDE HOMES

Date: _____, 20____

INTENT TO PURCHASE – PURCHASER DETAILS

NAME OF PURCHASER #1:

First name

Last name

CDN OR PERM RESIDENT?

YES

NO

FORM OF ID TO BE USED:

DL

PASSPORT

OTHER: _____

ADDRESS:

Unit

House#

Street name

City

Province

Postal

EMAIL:

PHONE:

Cell

Alternate

NAME OF PURCHASER #2:

(if applicable)

First name

Last name

CDN OR PERM RESIDENT?

YES

NO

FORM OF ID TO BE USED:

DL

PASSPORT

OTHER: _____

ADDRESS:

Unit

House#

Street name

City

Province

Postal

EMAIL:

PHONE:

Cell

Alternate

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