



AGREEMENT
OFFER TO PURCHASE

Volume	Folio

THIS OFFER is made by **Easton Douglas Consultants Ltd.**, on behalf of _____ hereinafter called "Purchaser" who offers to purchase from _____ the premises known as _____ and all negotiations shall be subject to a formal Sale Agreement.

SCHEDULE

PURCHASE OFFER: : _____
 PAYMENT TERMS : _____
 DEPOSIT : _____
 COMPLETION : _____
 CONDITIONS (IF ANY) : _____
 PURCHASER'S TRN # : _____
 BROKERAGE : Vendor Will Pay Brokerage Fee which constitutes an amount equal to **5 %** plus GCT at the prevailing rate to Easton Douglas Consultants Limited.

A Summary Sheet on the Purchaser is required when presenting the Purchase Offer.

By signing in the space provided below the Owner/Easton Douglas Consultants Limited acknowledge receipt of this offer. It is the Property Owner/Vendor who has the authority to make the final decision whether he/she accepts the offer by the Purchaser.

_____ APPLICANT'S/PURCHASER NAME (PLEASE PRINT)	_____ APPLICANT'S/PURCHASER SIGNATURE	_____ WITNESS
_____ VENDOR/BROKER	_____ WITNESS	_____ DATE

The offer shall be deemed refused unless Owner/Vendor accepts the offer within **5** business days from the date hereof. This Offer expires on _____ at 12:01a.m.

_____ OFFER ACCEPTED/REFUSED BY (PLEASE PRINT)	_____ VENDOR'S SIGNATURE	_____ DATE
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LISTING AGENT'S NAME: _____ SELLING AGENT'S NAME: _____



Purchaser's Information

1. PROPERTY INFORMATION	Address:	Volume:	
		Folio:	
2. APPLICANT INFORMATION			
(Applicant 1)	Name:		
	(Last) (First) (Middle)		
	Address:		
	Home Tel:	Work Tel:	Cell:
	Email:		TRN #:
	Profession:		Employer:
	Address:		Tel:
	<input type="checkbox"/> Bank <input type="checkbox"/> Building Society <input type="checkbox"/> NHT <input type="checkbox"/> Other		Address:
	Name:		Address:
	Home Tel:	Work Tel:	Cell:
	Email:		
	(Applicant 2)	Name:	
		(Last) (First) (Middle)	
Address:			
Home Tel:		Work Tel:	Cell:
Email:		TRN #:	
Profession:		Employer:	
Address:		Tel:	
<input type="checkbox"/> Bank <input type="checkbox"/> Building Society <input type="checkbox"/> NHT <input type="checkbox"/> Other		Address:	
Name:		Address:	
Home Tel:		Work Tel:	Cell:
Email:			

By signing in the space provided below the Owner/Easton Douglas Consultants Limited acknowledge receipt of this application. It is the Owner who has the authority to make the final decision whether he accepts or refuses the applicant.

 (1) Applicant's/Purchaser Name (please print)

 Applicant's/Purchaser's Signature

 Witness

 (2) Applicant's/Purchaser Name (please print)

 Applicant's/Purchaser's Signature

 Witness

 OWNER/AGENT

 WITNESS

 DATE