

CREEKSTONE HOMES by CENTRAL PLAINS REALTY AND DEVELOPMENT CORPORATION
APPLICATION FORM FOR INDIVIDUAL PURCHASE

Purchaser				
Last Name		First Name		Middle Name
Civil Status ? Single Married ? Divorced ? Legally Separated		Gender ? Male ? Female	Citizenship	Birth date
Community Tax Certificate No./Date & Place Issued		Tax Identification No.		Passport No./Date & Place Issued
Contact Details of Individuals Purchaser/s:				
Complete Residence Address (No. Abbreviation Please)		Telephone Nos.	Fax No.	Mobile No. Email Address
Complete Office Address (No. Abbreviation Please)			Telephones Nos.	Fax Nos.
Mailing Address ? Residence ? Office ? If other, please specify				Email Address
Spouse/Co-Owner				
Last Name		First Name		Maiden Name
Citizenship		Civil Status		Birthdate
Community Tax Certificate No./Date & Place Issued		Tax Identification No.		Passport No./Date & Place Issued
Contact Details of Spouse/Co-owner				
Complete Residence Address (No. Abbreviation Please)		Telephone Nos.	Fax No.	Mobile No. Email Address
Complete Office Address (No. Abbreviation Please)			Telephones Nos.	Fax Nos.
Mailing Address ? Residence ? Office ? If other, please specify				Email Address
If not Base in the Philippines, and has an Attorney In-fact or Contact Person, Please Provide the following information on the Attorney In-fact or Contact Person				
Last Name		First Name		Middle Name
Complete Residence Address (No. Abbreviation Please)		Telephone Nos.	Fax No.	Mobile No. Email Address
		Citizenship	Nationality	Civil Status
Community Tax Certificate No./Date & Place Issued		Birthdates		Tax Identification No.
If not based in the Philippines, name and contact nos. of Contact Person in the Philippines				
Name		Address		Telephone/Fax Nos.

PURCHASER'S PROFILE

Source of Funding			
<input type="checkbox"/> Local <input type="checkbox"/> Abroad			
How did you first know about the Project? (Please Check)			
<input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Brochure	
<input type="checkbox"/> CPRDC Sales Executive/Site officer		<input type="checkbox"/> Billboard/Directional Signage	
<input type="checkbox"/> Broker/CPRDC Sales (pls. name) _____		<input type="checkbox"/> Internet/Webpage	
<input type="checkbox"/> Referral (pls. name) _____		<input type="checkbox"/> Other Sources	
What is your primary purpose for buying? (Please Check)			
<input type="checkbox"/> Primary Home		<input type="checkbox"/> Investment (Buy and Sell)	
<input type="checkbox"/> Retirement home		<input type="checkbox"/> Investment (For Lease)	
<input type="checkbox"/> Halfway / Weekday home		<input type="checkbox"/> Others _____	
Monthly Household income: (Please check)		Occupation: (Pease check)	
<input type="checkbox"/> 120,000 and below		<input type="checkbox"/> 376,000 – 500,000	
<input type="checkbox"/> 121,000 – 250,000		<input type="checkbox"/> 501,000 and above	
<input type="checkbox"/> 251,000 – 375,000		<input type="checkbox"/> Businessman / Entrepreneur	
		<input type="checkbox"/> Top Executive	
		<input type="checkbox"/> Middle management	
		<input type="checkbox"/> Staff / Non-office	
<input type="checkbox"/> Retiree		<input type="checkbox"/> Housewife	
<input type="checkbox"/> Others:			
Number of children living with you: (Please indicate number)		Ages of Children (Please Indicate)	
Pre- school _____		College _____	
Elementary _____		post graduate _____	
High School _____			
Number of site visits before making the reservation:			
<input type="checkbox"/> 1 visit <input type="checkbox"/> 2 visits <input type="checkbox"/> 3 visits <input type="checkbox"/> more than 4 visits (please indicate) _____			

QUESTIONS and COMMENTS

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I/We signify our conformity to the foregoing and certify that all information provided above are true and correct.

BUYER/S

Date: _____

Signature over Printed Name

Signature over Printed Name

SELLER:

Central Plains Realty & Dev't Corp.

Agent

NANCY S. CABAL

(Name of Sales Manager)

(Name of Agent)

0920-475-5613 / 0906-636-0852

(Mobile #)

(Mobile #)