



P.O.BOX 941  
Hawkesbury Ontario  
Canada K6A 3E1

Tel: (450) 533 - 6373  
Fax: (450) 533 - 5020  
Cell: (613) 220 - 2205  
E-mail: gapmach@aiservice.com

## OFFER TO PURCHASE FORM

DATE: \_\_\_\_\_

Company Name : \_\_\_\_\_

Street Address: \_\_\_\_\_ City /Town : \_\_\_\_\_

Province / State: \_\_\_\_\_ Postal /Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Authorized Person (Contact): \_\_\_\_\_ Cellular Number: ( ) \_\_\_\_\_

**I (WE) THE AUTHORIZED PARTY SUBMIT OUR OFFER(S) TO PURCHASE THE FOLLOWING AS OUTLINED IN APPENDIX "A" ON THE REVERSE SIDE OF THIS FORM.**

**PLEASE BE ADVISED OF THE FOLLOWING:**

**ALL PAYMENTS SHALL BE MADE IN US FUNDS**

TEN (10)% BUYERS PREMIUM SHALL BE ADDED TO YOUR PURCHASE AMOUNT(S)

ACCEPTED BY PURCHASER: \_\_\_\_\_  
(Authorized Party) (Please Print Your Name)

ACCEPTED BY VENDOR : \_\_\_\_\_  
(Authorized Party) (Please Print Your Name)

