



P.O. BOX 941  
HAWKESBURY, ONTARIO  
K6A 3E1  
CANADA

TEL.: 450-533-6373  
CELL.: 613-220-2205  
FAX: 450-533-5020  
EMAIL: [gapmach@aiservice.com](mailto:gapmach@aiservice.com)  
[WWW.GAPMACHINERY.COM](http://WWW.GAPMACHINERY.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 CANADIAN 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)

