

FAX ORDER FORM (If you have an active account, list acct# only)

Date Ordered: _____

| | | |
|----------------------------|------------------------------|---------------------------------|
| Company _____ | | Your first and last name _____ |
| Address _____ | City _____ | Zip _____ |
| Office Phone _____ | Other Phone _____ | Direct Line or Cell Phone _____ |
| Date you want report _____ | Scheduled Closing Date _____ | E-Mail Address _____ |

Note: Order Confirmations, Invoicing and Reports are sent via e-mail prior to mailing. If you do not want to use an e-mail address please list your fax#.

Your relationship to property: Listing Agent Selling Agent Buyer Seller Attorney Lender _____
(Please circle or fill in blank line)

Order Processing Information PLEASE CIRCLE ONE Purchase Sale Refinance Reverse

Seller or Buyer (please circle) _____

Property Inspection Address _____ Unit# _____

City _____ Zip _____

Contact Person for Property Access if not Person Ordering _____

Relationship to Property (other or Circle) _____ AREA CODE _____ Primary Phone _____

Buyer Seller Listing Agent Selling Agent Trustee _____

AREA CODE _____ Phone#2 _____ AREA CODE _____ Mobile Phone _____

Alternate Contact (other or Circle) _____ AREA CODE _____ Primary Phone _____

Co-Buyer Spouse Seller Listing Agent Selling Agent Trustee _____

AREA CODE _____ Phone#2 _____ AREA CODE _____ Mobile Phone _____

TITLE INFO: Required to bill your order or order will be processed as COD.

Title Commitment# _____

Title Company _____

City where file is closing and Phone# _____

HOUSE 2-FLAT 3-FLAT 4-FLAT
 DUPLEX TWNHSE APT CONDO

OTHER: _____

Type of Inspection(s) Required

Please send more _____ PREPURCHASE BROCHURES

TERMITE WATER-PROOFING ELECTRICAL HEATING PLUMBING VC REPAIRS
 PRE-PURCHASE INSPECTION PRE-LISTING INSPECTION COMMERCIAL PROPERTY INSPECTION

OTHER _____

PLEASE FAX A COPY OF VC SHEETS AND/OR NOTES FROM APPRAISER OR INSPECTOR FOR CERTIFICATIONS