

C/F '

FAX: 1800 684 497 Or 0242 684497

(PLEASE PRINT IN BLACK INK ONLY)

Agent: Solicitor/Conveyancer: _____

Contact No: _____

Solicitor/Conveyancer Ref. No: _____

Name of Client/s:: _____

Clients Phone No.: Home: _____

Mobile: _____

Work: _____

Property to be inspected: _____

Clients Current Address: _____

Deliver report to: _____

E-mail address: _____

Access Details: Vendor or Tenant: _____

Vacant: Key listing agent : " " _____

Please tick: (Prices are as of January 1, 2008)

- ' Paper copy delivered additional \$20.00
- ' Combined Report (\$460.00)
- ' Combined Report with thermal imaging Email Only (\$550.00)
- ' Building only (\$295.00)
- ' Strata unit Building only up to two bedrooms (\$275.00)
- ' Timber Pest only (\$240.00) (Including the use of Termatrac®)
- ' Timber Pest with thermal imaging (\$300.00) (Including the use of Termatrac®)
- ' Home Warranty reports ' Final Inspections ' Moisture Source Inspections Price s on application:

(All prices are subject to variation e.g. Larger homes more than 4 bedrooms 1 Kitchens 2 Bathrooms, rural property, or numerous outbuildings or granny flats.)

\$ _____ Inc. GST

Preferred Method of payment prior to release of reports:

Solicitor/Conveyancer by arrangement: " "

Credit card: " " Cheque: " " Cash: " " On Line: " " Bank Deposit: " "

Clients Signature: _____

Important ! Please Print in black ink only:

Please tick or circle one: Visa ☉

Mastercard ☉

Cardholder Number:

Cardholders Name:(Please print:) _____

Card Expiry Date: _____ / _____

Card holders signature: _____

