

Pink Inspection Services – Fax Order Form

Fax (02) 9529-2111 Phone (02) 9529-5222

Order for

[] **TIMBER PEST REPORT** (AS 4349.3) _____ [] **COMMUNITY/NEIGHBOURHOOD** _____
[] **STD BUILDING REPORT** (AS 4349.1) _____ [] **COMPANY TITLE REPORT** _____
[] **STRATA REPORT** _____
[] **OTHER**

Name of Firm: _____ **DATE REQUIRED.** **Fax: Yes / No**

Or Email to:

Address/DX:

Your File No. :

Ph. No.

Fax No

Ordered by:

ADDRESS TO BE INSPECTED:

PURCHASER: Mr/Mrs/Ms First Name Surname

Address: Suburb: PCode:

Ph. Pri: Ph. Bus: Ph. Mob

VENDOR Name: Ph. Pri: Ph.Bus.....

Real Estate Agent: Ph:

Real Estate Address:

Contact:

PLEASE COMPLETE THIS SECTION ONLY WHERE A STRATA / COMPANY / COMMUNITY / NEIGHBOURHOOD REPORT IS REQUESTED

Lot No/s: **Strata Plan/s:** NB Multiple plans and some larger plans incur increased fees – please check with our office.

DP No: (Commun/N-hood only) **Share Numbers:** (Co.Title only)

Strata Manager/Secretary: Ph. No:

Address: Suburb:

Vendor's Solicitor:

Ph. No.:

Fax No:

Ref:

Comments:

Should you or your client wish to pay for reports by credit card, please complete this section

Payment by Credit Card BankCard MasterCard Visa Diners (circle appropriate)

Card No.																	
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Cardholder's Name

Expiry Date

/

Amount Auth \$

PINK OFFICE USE ONLY

Date Recd:/...../..... Time Recd: AM/PM **Cust. No:**

Chkd by: Result: Alloc To: **Inv No :**

Authority reqd? **NO YES** If yes, by Vendor? **YES NO** Authority Requested Date / / Time: