

Pink Inspection Services

Fax 1300 797 672 Phone (02) 9529-5222

- | | |
|---|---|
| <input type="checkbox"/> TIMBER PEST REPORT (AS 4349.3)
<input type="checkbox"/> BUILDING REPORT (AS 4349.1)
<input type="checkbox"/> STRATA REPORT
<input type="checkbox"/> OTHER | Inspection Agreement signed <input type="checkbox"/>
<input type="checkbox"/> COMMUNITY/NEIGHBOURHOOD
<input type="checkbox"/> COMPANY TITLE REPORT |
|---|---|

Note: Orders placed by fax do not qualify for online order discounts.

Name of Firm: Address:	DATE REQUIRED. Fax / Email Email To: Your File No. :
Ph. Fax.	Referred/Ordered by:

ADDRESS TO BE INSPECTED:

PURCHASER: Mr/Mrs/Ms Name

Address: Suburb: PCode.....

Ph. Pri: Ph. Bus: Mob.....

VENDORS Name: Ph.....

Real Estate Agent: Ph:

Real Estate Address: Contact:

PLEASE COMPLETE THIS SECTION ONLY WHERE A STRATA, COMPANY COMMUNITY OR 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:

Address: Suburb:

Vendor's Solicitor: **Ph:** **Fax:** **Ref:**

Comments:

Payment by Credit Card: MasterCard Visa Amex (circle appropriate – 3% surcharge on Amex)

Card No.															
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Cardholders Name: Expiry Date / Amount Auth: \$

Direct Deposit Details: Bank: **NAB** BSB: **082-184** Acct: **481898498** Name: **Veryan Management P/L**