



## Order & Payment Authorization

Pre Inspection

CL100 Inspection

**CL100 Processing: \$175 (Completion within 5 business days)**

**RUSH Processing: \$250 (Completion within 2 business days - Call for scheduling availability)**

### INSPECTION ADDRESS

Property Address **(Required)**:

City **(Required)**:

State: South Carolina

Zip **(Required)**:

Crawl Space

Slab

Walk Under

Other : \_\_\_\_\_

### REQUESTOR AND SCHEDULING INFORMATION

Requestor's Name **(Required)**:

Phone **(Required)**:

Call to Schedule

Lockbox

Code:

Other Instructions:

### CLOSING INFORMATION

Closing Date **(Required)**:

CL-100 Needed By **(Month/Day)**:

Closing Attorney:

Phone :

Current Owner:

Buyer:

### MAILING ADDRESS / EMAIL ADDRESS FOR INSPECTION & INVOICE

Name **(Required)**:

E-mail **(Required)**:

Mailing Address **(Required)**:

### PAYMENT AUTHORIZATION

Party Responsible for Payment **(NAME REQUIRED)**: \_\_\_\_\_

Address **(REQUIRED)**: \_\_\_\_\_

Email **(REQUIRED)**: \_\_\_\_\_

- *By my signature below, I have verified that all of the above information is correct, and I hereby assume responsibility for balance owed in case of non payment by responsible party as identified above.*

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

**A SIGNED APPROVAL IS REQUIRED PRIOR TO SCHEDULING.**

**PLEASE COMPLETE ALL REQUIRED INFORMATION, SIGN AND RETURN VIA EMAIL OR FAX.**

**IF YOU ARE UNABLE TO SIGN, PLEASE RESPOND VIA EMAIL ACCEPTING THE TERMS.**