



# CL100 INSPECTION

(CALL FOR PRICING)

## Order & Payment Authorization

**Failure to fill out all required fields could delay scheduling and processing. All items in red are required fields.**

### 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 **(REQUIRED)**: \_\_\_\_\_

Party Responsible for Payment Phone Number **(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.*

\_\_\_\_\_  
**(Required)** 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.**