



Order & Payment Authorization

 Pre Inspection

 CL100 Inspection

 CL100 Processing: \$100
 RUSH Processing: \$100 + \$100 Rush Fee (Completion within 2 business days - Call for 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.