



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 **(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.*

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.