



Order & Payment Authorization

 Pre Inspection

 CL100 Inspection

 CL100 Processing: Completion within 5 business days **(CALL FOR PRICING)**
 RUSH Processing: Completion within 2 business days **(CALL FOR PRICING / 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.