

ACCLAIMED BUILDING USE ONLY:

REF: _____
MAP: _____
TIME: _____
DATE: _____



ORDER FORM

ACCLAIMED BUILDING CONSULTANCY P/L
Pre-purchase Building & Pest Inspections
ABN 84 106 904 398

Please tick inspection required:

- BUILDING INSPECTION
- PEST INSPECTION
- BUILDING & PEST COMBINED
- BUILDING INSPECTION ON UNIT
- BUILDING & PEST COMBINED - UNIT
- COMPETITION REPORT
- DILAPIDATIONS REPORT
- ESTIMATES OF REPAIRS
- HOME WARRANTY INSURANCE REPORT

SOLICITOR/CLIENT _____
PHONE/MOBILE _____ FAX _____
EMAIL _____
POSTAL ADDRESS _____

PURCHASERS NAME: _____ NO: _____

PROPERTY TO BE INSPECTED: _____

AGENTS FOR ACCESS _____
OFFICE NO: _____ MOBILE _____

*****SPECIAL INSTRUCTIONS**

HOW DID YOU HEAR ABOUT US? _____

IF CREDIT CARD DETAILS ARE NOT PROVIDED, PAYMENT OF ACCOUNT IS REQUIRED WITH 7 DAYS OF RECEIPT OF REPORT. TOTAL AMOUNT DUE SHOULD PAYMENT NOT BE RECEIVED WITHIN THIS TIME FRAME WILL ATTRACT AN INTEREST FEE OF 1.5%PER MONT, CALCULATED DAILY.

PAYMENT

CREDIT CARD CHEQUE PAY ONLINE



PLEASE REMITTE ADVICE OF EFT.

Email: ed@abcsurveyors.com.au or Fax: 02 9697 9576

Card Number: - - -

Card Holder's Name: _____

Valid Until: / Amount: \$

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M.RICS



M.MBA



M.AIB

Building Consultancy Lic No. BC513/BC870

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