

## DILAPIDATION SURVEY - CLIENT INFORMATION SHEET

### CLIENT INFORMATION - BILLING DETAILS

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY 1 INFORMATION (WHERE SURVEY IS TO BE CARRIED OUT)

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY 2 INFORMATION (WHERE SURVEY IS TO BE CARRIED OUT)

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SURVEY DISCRIPTION (WHAT DO YOU WANT SURVEYED)

Scope of Inspection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Provide:  Demolition Plan  Working Drawings

### PAYMENT TYPE - CREDIT CARD

Name on Credit Card: \_\_\_\_\_

Type of Credit Card:  Mastercard  Visa

Credit Card No. \_\_\_\_\_

Expiry Date:     /                      CCV: \_\_\_\_\_

### PAYMENT TYPE - EFT

Ref: Client Name or Invoice Number \_\_\_\_\_

Bank: ANZ   Account Name: Correct Inspect Property Inspections \_\_\_\_\_

BSB: 013-302 \_\_\_\_\_

Account Number: 2193-25619 \_\_\_\_\_