

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 _____