

PRACTICAL COMPLETION INSPECTIONS CLIENT INFORMATION SHEET

CLIENT INFORMATION

Name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

PROPERTY INFORMATION

Address: Lot Number: _____ Street Number: _____

Street: _____

Town Suburb: _____

State: _____ Post Code: _____

BUILDERS CONTACT DETAILS

Company Name: _____

Contact Office/Site: _____

Email: _____

Phone: _____

REPORT DISTRIBUTION (WHO DO YOU WANT THE REPORT EMAILED TO)

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

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 _____