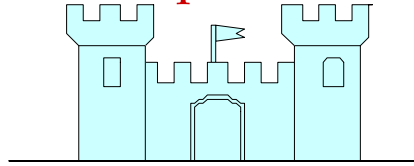


*Mark Beck's*  
**Home Inspections Plus**



"Your home is your castle....make sure it's healthy!"

Property Inspection Order Form

Order Date: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Buyer's (Client) Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Inspection Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Type: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Property Age: \_\_\_\_\_

Foundation: \_\_\_\_\_ Roof Age: \_\_\_\_\_ Additions/ Alterations: \_\_\_\_\_

Inspect Pool \_\_\_ Spa \_\_\_ Occupied: Yes No Utilities: ON/ OFF

Buyer's Agent:

Brokerage:

Address:

Phone:

Fax:

Email:

Escrow #: \_\_\_\_\_ Title Co: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Seller's Agent:

Brokerage:

Address:

Phone:

Fax:

Email:

**Mark Beck's Home Inspections Plus Office Use Only**

Order #: \_\_\_\_\_

Base Fee: \_\_\_\_\_ Pool Fee: \_\_\_\_\_ Spa Fee: \_\_\_\_\_ Escrow Fee: \_\_\_\_\_

Additional Services: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Referred By: \_\_\_\_\_

TYL: \_\_\_ Realtor Follow Up: \_\_\_ New Realtor Follow Up: \_\_\_ GMDB: \_\_\_ Invoice: \_\_\_

Please fax to: 925-240-5407