

FAX ORDER FORM

FAX TO: (818) 985-9732 • TEL: (818) 985-6009. Lic.#762055

PROPERTY INFORMATION

PROPERTY ADDRESS: _____ DATE: _____

CITY: _____ ZIP: _____

BUILDING TYPE: _____ NUMBER OF STORIES: _____ NUMBER OF TOILETS: _____

SELLER INFORMATION

SELLER'S NAME: _____ PHONE: _____ FAX: _____

SELLER'S NEW/FORWARDING ADDRESS: _____

BROKER'S NAME: _____ COMPANY & BRANCH: _____

PHONE 1: _____ PHONE 2: _____ FAX: _____

ESCROW INFORMATION

ESCROW OFFICER: _____ COMPANY: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____

ESCROW #: _____

ESTIMATED CLOSING DATE: _____

ACCESS INFORMATION

HOW WILL FEDERS GAIN ACCESS TO THE PROPERTY? (All orders will be confirmed by telephone.)

- Lockbox available. Combination is: _____ Key to be picked up at _____
- Call realtor/broker to schedule the appointment Call seller to schedule appointment Make other arrangements

COMMENTS: _____

PAYMENT INFORMATION

(Check appropriate box and sign at the bottom):

- Payment will be made by check at the time of inspection and/or retrofitting
- Charge to credit card number _____ Type: Visa MC Amex
- Bill through Escrow

All monies are due and payable at the close of escrow or thirty (30) days, whichever is sooner. A Mechanics' Lien may be put on the property if payment is not received within that time period. If escrow does not close or cancels, payment is due to Feders Retrofitting by the seller within thirty (30) days of completion of the work. Any arbitration shall be handled by the Better Business Bureau.

I have read and understand the above paragraph.

Signature of Person Completing the Form: _____

Print Name: _____ **Date:** _____