



**PHONE: 8819 2073      FAX: 9801 0914**  
**EMAIL: info@stratapi.com.au**

**PLEASE PLACE AN 'X' IN THE BOX/S**

TERMS AND CONDITIONS APPLY

<p><b>*STRATA RECORDS INSPECTION</b>          PLEASE SUPPLY SALES CONTRACT AND VENDORS AUTHORITY</p>	<p><b>*COMMUNITY TITLE INSPECTION</b>          PLEASE SUPPLY SALES CONTRACT AND VENDORS AUTHORITY</p>
<p><b>*NEIGHBOURHOOD TITLE INSPECTION</b>          PLEASE SUPPLY SALES CONTRACT AND VENDORS AUTHORITY</p>	<p><b>*COMPANY TITLE INSPECTION</b>          PLEASE SUPPLY SALES CONTRACT AND VENDORS AUTHORITY</p>

DATE ORDERED    /    /                      DATE REQUIRED    /    /

**CLIENT INFORMATION:**

YOUR NAME			
EMAIL/FAX NO.			
PHONE NO.		MOBILE	
POSTAL ADDRESS			

**PROPERTY INFORMATION:**

ADDRESS \_\_\_\_\_

REAL ESTATE AGENT \_\_\_\_\_

PH \_\_\_\_\_ CONTACT \_\_\_\_\_

FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

\*LOT \_\_\_\_\_ \*DP/SP \_\_\_\_\_

\* SP MANAGER \_\_\_\_\_ \*PH \_\_\_\_\_

VENDOR \_\_\_\_\_

**SOLICITOR INFORMATION:**

YOUR SOLICITOR \_\_\_\_\_

PH \_\_\_\_\_ CONTACT \_\_\_\_\_

EMAIL/FAX NO. \_\_\_\_\_

\_\_\_\_\_

THE INSPECTION/S WILL BE PAID FOR VIA: MASTERCARD  VISA  DIRECT DEBT  CHEQUE