



15612 Garland Cir, Westminster, CA 92683 – Phone: 714-487-3468 Fax:

PLEASE PRINT CLEAR

Client Information

Client Name: First & Last: _____

Client Name: First & Last: _____

Client Current Address: _____

City: _____ CA: _____ Zip: _____

County: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Occupation: _____

Inspection Date? _____

Subject Property

Inspection Address: _____

City: _____ CA: _____ Zip: _____

County: _____ Bank Owned? _____

Occupied? _____ Vacant? _____ Rental? _____

Age of Home? _____ Sq? _____ Stories? _____ Lot Size? _____

Electricity On? _____ Water On? _____ TDS? _____

Please fax Transfer Disclosure Statement with this order form



15612 Garland Cir, Westminster, CA 92683 – Phone: 714-487-3468 Fax:

Selling Broker/Agent

Agent Name: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Listing Broker/Agent

Agent Name: _____

Company: _____

Address: _____

Phone: _____ Email: _____



Fax this order form along with the Transfer Disclosure Statement to: