Fax Order To:	661-589	9-5073		
Home inspection order		<u>Termite o</u>	order	Sublet to Oxley's
CLIEN	T INF	ORMATION		
Buyer (s) Name & Address:				
Please Provide all info : Address:		City	Zip	_
		Cell #		
		NFORMATIO		
Requested date & time	Date:	Time:		
-		V D		
•	5q. Ft	Year B	uiit	
(check one) Foundation type:	Slab	Crawl space:		
Inspector requested:	if any) X			
	·	Two story Mobile ho		
Order By: (buyers agent) Agent (s) Name:		Company		
	Office #	Cell #		
Party of interest (listing agent) Agent (s) Name:		Company		
	Office #	Cell #		
Escrow Company Information:	Company:	Esci	row Officer:	
	Phone #	Fax #		_
	Escrow #			
We Accept:	Cash, Credit o	r Debit Card, Check, Money	Order, Escrow Billin	g (\$50 applies)
	W.	Σ	Date:	