

VisionSpec Inspection Order

Inspection # _____	Order Date: _____	Taken by: _____
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Inspection Location

Address _____
Selling Price \$ _____ Approx Age _____ Occupied ? _____
Electric On? _____ Water On? _____
of Bedrooms _____ # of Bathrooms _____
Map Grid _____

BUYER INFORMATION

Name _____
Address _____
Phone () _____
Will Buyer Be Attending ? _____
Will Buyer Be Paying At Insp? _____
Settlement Date ? _____
Settlement Company ? _____

SELLING AGENT

Name _____ Company _____
Address _____
Phone () _____ Fax () _____

LISTING AGENT

Name _____ Company _____
Address _____
Phone () _____ Fax () _____

INSPECTIONS REQUESTED (CIRCLE)

Full Home _____ Radon _____ Water (Bacteria) _____
Water(Nitrate) _____ FHA Water _____
VA Water _____ Well Test _____
Septic Test _____ Pest Inspection _____
Single Inspections (Roof,Heat,Electrical,Plumbing) _____
Accessory Buildings _____

How Are We Gaining Access(Circle One)

Lockbox(CBS Code) _____

Date Of Inspection _____ Time _____ \