



PROLINE INSPECTION SERVICES, INC.

CHRIS DEWITT
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AZ Certification No. 38559
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Insured
P.O. Box 1636
Chino Valley, AZ 86323

Inspection Order Form

Today's Date _____

Client Information

Client Name _____ Buyer Seller
Phone No. _____ Fax No. _____
Client Email _____
Mailing Address _____
Signed Authorization Received _____

Agent/Broker

Buyer's Agent _____ Phone No. _____
Office Name _____ Phone No. _____
Listing Agent _____ Phone No. _____
Office Name _____ Phone No. _____

Inspection Property Information

Inspection Date _____ Time _____ **Price Quoted** _____
Address _____
Directions _____
Age _____ Sq. Ft. _____ Occupied Vacant
Are Utilities on? Yes No Access Code _____
Who will be there? Buyer Agent Seller Agent



Please complete as much as possible.

Any additional required information will be obtained from your Agent.



Payment is due and payable at time of inspection by personal/business check or VISA/MasterCard
THANK YOU!