

Practical Completion Inspection

Client Information Sheet

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Client Information

Client Information

Name: _____
Address: _____
_____ Post Code: _____
Phone: _____
Email: _____

Property Information

Address: _____
Town: _____
_____ State: _____ Post Code: _____

Sales Consultant Information

Name: _____
Company: _____
Office Address: _____
Phone: _____ Email: _____

Builders Information

Company Name: _____
Contact / Office: _____ Email: _____
Contact / Site: _____ Email: _____
Phone / Office: _____ Phone / Site: _____

Payment Type - Credit Card

Name on Credit Card: _____
Type of Credit Card: Mastercard Visa
Credit Card No: _____
Expiry Date: _____ / _____ CVV (last 3 digits on reverse side of card)

EFT

Ref: Client Name.
Account Name:
Complete Property Inspections
BSB: **193 879**
Account Number: **485416388**

Property Information