



FAX INSTRUCTION FORM

Please arrange the following instruction:

ELECTRICAL _____
 BEETLE _____
 PLUMBING _____
 GAS _____

INSTRUCTION FROM:	DATE:
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DATE AND TIME OF INSPECTION TO BE CARRIED OUT: _____

Address to be inspected: _____

Owner Name	_____
Owner Identity Number	_____
Home Tel	_____
Office Tel	_____
Fax	_____
Mobile	_____
E-mail	_____

Purchaser Name	_____
Purchaser Identity Number	_____
Home Tel	_____
Office Tel	_____
Fax	_____
Mobile	_____
E-mail	_____

Transferring Attorney Firm	_____
Care of	_____
Tel	_____
Fax	_____
Postal Address	_____
E-mail	_____

Estate Agent	_____
Care of	_____
Tel	_____
Fax	_____
Postal Address	_____
E-mail	_____

Other notes _____

Client Name:	Client Identity Number:

Signature of Approval: _____

By signing this quotation, the client hereby agrees to the standard terms and conditions applicable

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Durban	Tel: +27 31 705 1191	Fax: +27 31 705 3878	Accounts Email	accounts@schmidhauser.co.za
Vat No	PENDING			