



THE INDEPENDENT DISCLOSURE COMPANY



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24-HOUR CUSTOMER SERVICE: 800-626-0106

REPORT ORDER FORM

FAX YOUR ORDER TO: 800-626-3863

SUBJECT PROPERTY STREET ADDRESS:

CITY/STATE:

ZIP CODE:

APN ASSESSOR'S PARCEL NUMBER:

COUNTY:

HOUSE

CONDO

MOBILE HOME

PLATINUM I.D. # OR ASSOCIATE ORDERING REPORT:

NOTE: If you change your company address, a NEW PLATINUM # must be issued to you. Call 1-800-920-5603 for assistance.

ADDRESS:

CITY/STATE:

ZIP CODE:

COMPANY:

OFFICE PHONE:

OFFICE FAX:

THE MANDATORY DISCLOSURE PROGRAM™ REPORT - \$99 with Advance Payment (Federal, State & Local Natural Hazard Disclosures, Complete NHDS and Required Government Booklets)

THE MANDATORY 5 YEAR INSURANCE LOSS HISTORY (C.L.U.E. RISK ONLY REPORT™ - RPA Section 7B) - \$1950



CHECK ONE BOX: I, the listing agent, as the fiduciary for the seller/homeowner, represent that I have my client's explicit authorization to order and deliver the insurance loss history report on his/her behalf from Property I.D.

I, the seller, authorize Property I.D. to order and deliver the C.L.U.E. Report on my behalf.

PRINT NAME:

SIGNATURE

DATE:

THE PROPERTY I.D. COMMERCIAL REPORT™ - \$99 with Advance Payment (Federal, State & Local Natural Hazard Disclosures and Required Government Booklets for Commercial Transactions)

THE PROPERTY I.D. ENVIRONMENTAL REPORT™ - \$49 with Advance Payment (Required Mapped Environmental Hazards)

METHOD OF DELIVERY (Special Instructions on Lines Below / Shipping Information or Special Handling - attach additional page if necessary)

EMAIL SAME DAY (Recommended) EMAIL ADDRESS: Now you can check the status, forward, confirm delivery, and download your reports from your "My Orders" section of our Platinum website at www.PropertyID.com.

HARD COPY (Orders In: By 12:00pm - Next-Day Delivery / After 12:00pm - 48 Hr. Delivery)

BILLING INFORMATION

ADVANCE PAYMENT - \$99/each Residential or Commercial Report; \$19.50/each C.L.U.E. Report; \$49/each Environmental Report

NAME AS IT APPEARS ON CARD:

SIGNATURE

CARD NUMBER:

CARD TYPE:

EXP. DATE (MM/YY):

AMOUNT:

Or send check payable to Property I.D. to Property I.D. Plaza, 1001 Wilshire Blvd., Los Angeles, CA 90017

PAYMENT THROUGH ESCROW

ESCROW COMPANY:

ESCROW OFFICER:

OFFICE ADDRESS:

CITY/STATE:

ZIP CODE:

ESCROW NUMBER:

ESTIMATED CLOSING DATE:

OFFICE PHONE:

OFFICE FAX:

Property I.D. will issue a disclosure report (Report) for the above-referenced property and defer payment through escrow. In consideration of the extended payment terms, a \$15 payment deferral fee will be charged.

I understand and acknowledge the above conditions.

SELLER OR LISTING AGENT SIGNATURE

DATE:

MUST BE SIGNED TO BE PROCESSED

FAX 800-626-008 X3863