

STRATA SERVICES - ORDERFORM

FROM:

DATE:

ADDRESS:

PHONE:

FAX:

CONTACT:

PROPERTY DETAILS

VENDOR:

PURCHASER:

STRATA PLAN:

LOT NUMBER:

ADDRESS:

MANAGING AGENT:

PHONE:

Credit Card Payment: PLEASE COMPLETE THIS AUTHORITY

CARD NUMBER -----

EXPIRY DATE --- / ---

CIRCLE ONE:

Visa

Mastercard

AMOUNT \$

CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE

DATE/...../.....

Date:

AUTHORITY TO INSPECT STRATA RECORDS

To Whom It May Concern

We hereby confirm that we:

are the owner/s of the strata property indicated below,

Or

act on behalf of, the owners of the strata property indicated below,

And we hereby authorise you to allow **ACTIVE STRATA SERVICES** to inspect the books & records and prepare a Strata Report in respect of:-

Lot:

Strata Plan:

Address:

Authorised by,

Name:

Signature:

Firm or Company name (if applicable)