

BODY CORPORATE REPORTS QUOTE REQUEST / WORK ORDER

admin@abscan.com.au | Facsimile 07 4721 4607

Please mark with "x".

| | | | | |
|--------------------------|-----------------------|--------------------------|-----------------------|-------------|
| <input type="checkbox"/> | <u>FREE QUOTE</u> | <input type="checkbox"/> | <u>WORK ORDER</u> | Date: _____ |
| <input type="checkbox"/> | Insurance Valuation | <input type="checkbox"/> | Sinking Fund Forecast | |
| <input type="checkbox"/> | Health & Safety Audit | <input type="checkbox"/> | Maintenance Report | |

CLIENT DETAILS

Name/Company: _____
 Contact Person: _____
 Address: _____
 Email: _____
 Phone: _____ Fax: _____
 Ordered By: _____ Phone: _____

PROPERTY INFORMATION

| | |
|---|--------------------|
| Building Name: _____ | Scheme Name: _____ |
| Street Address: _____ | CTS No. _____ |
| Suburb/City: _____ | Postcode: _____ |
| Format Plan: <input type="checkbox"/> BFP <input type="checkbox"/> SFP | No. Storeys: _____ |
| Use: <input type="checkbox"/> Res <input type="checkbox"/> Comm <input type="checkbox"/> Holiday Rental | No. Units: _____ |
| Site Contact Name: _____ | Phone: _____ |
| Staged Development Y/N: _____ | |
| Additional Comments: _____ | |
| _____ | |
| _____ | |
| _____ | |

Our Terms and Conditions are available for viewing on our website www.abscan.com.au

Fax: **(07) 4721 4607**
 Freecall: **1800 105 244**
 Email: admin@abscan.com.au
 Post: PO Box 184
 Belgian Gardens QLD 4810

Office: 59 Bundock St, Belgian Gardens Q 4810
 Regions Serviced:

- Townsville & North Queensland
- Cairns & Far North Queensland
- Mackay & Whitsunday
- Fitzroy & Central West



ORDER CONFIRMATION

Please proceed to providing report/s as identified above. I/We confirm that we have read and understand the terms and conditions as listed in Abscan's Fee Schedule and understand that site visits and obtaining floor plans of the building are excluded from quoted fees.

Building Name _____

CTS No. _____

Report required by: _____

Construction Date: _____

Site plan, floor plans, elevations and section drawings provided:

| | | | |
|--|------------|--|-----------|
| | Yes | | No |
| | Yes | | No |

CMS provided:

For Insurance Valuation

Current Building Sum

\$

For Sinking Fund Forecast

Opening Balance

\$

Forecast Start Date _____

Levy per Lot entitlement

\$

No. of Lots _____

Date of last Roof Replacement? _____

Future works to be included in forecast? _____

Small maintenance items under \$500 to be included in forecast? _____

Pest Inspection? Y/N _____

Date Building was last painted? _____

Signed / Print name _____

Contact No. _____

Dated _____