

Mail Merge Client Number _____

Days Y1 _____

Quote _____

write it off

tax depreciation specialists

Premium

Economiser

Client Booking Sheet

Client Name: _____ Joint Ownership (Yes/No) _____

Postal Address _____

Number of Bedrooms _____ Furnished or Unfurnished _____

Phone Number: (h) _____ (w) _____ (m) _____

Email address: _____ @ _____

Survey Address: _____

Block _____ Settlement Date _____

Section _____ Avail for Rent Date _____

Agent for Property _____

Property Manager _____

Tenant Name _____

Tenant Phone Numbers _____

Referral Source

Inspection Details

Inspector: _____ Time: _____ Date: _____

Access Arrangements (Tenant/Agent): _____

	Standard Email Sent (with CAF)	/	/	2010
	Client Authority Form Received	/	/	2010
	Council Information Order	/	/	2010
	Council Information Received	/	/	2010
	Receipt of Inspection Sheet	/	/	2010
	Invoice Sent	/	/	2010
	Receipt of Payment	/	/	2010
	Report Sent to Client	/	/	2010