

**Advantage Team
Home and Mold Inspection**

**Please include the MLS printout
with your order form.**

Thank-You!



ADVANTAGE TEAM HOME & MOLD INSPECTION, LLC
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AUTHORIZATION FORM / INSPECTION ORDER

Fax Date / Time: _____ / _____ AM / PM.

Date of Inspection: _____ Time of Inspection: _____ AM / PM

Subject

Property

Address: _____.

City: _____ State: _____ Zip code: _____.

Bedrooms () Baths () Garage () Other Rooms ()

Square Feet () Basement () Sub Floor () Crawlspace ()

Slab-on-grade () () _____.

Approximate Age () Approximate Age of Roof ()

Single Family () Duplex () Condo () Townhome ()

Occupied () Vacant () Regular Inspection: Yes / No

Mold Inspection: Yes / No, No, Any known animals: Yes / No

Radon Inspection: Yes / No, Pre-Inspection: Yes / No

Realty Office: _____.

Broker Associate Name: _____.

Office Phone: _____ Fax: _____.

Cell: _____, E-mail: _____.

Client Name: _____.

Home Phone: _____, Cell: _____.

Fax: _____, E-mail: _____.