

ORDER FORM

CLIENT DETAILS

Name (as in contract)			
Postal Address			State
			Postcode
Mobile:	Home:	Work:	E Mail:

Has property been your primary place of residence for any period of time (include dates if yes)	Y	N	Dates
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POST OR PRE PURCHASE RENOVATIONS: FOR POST PURCHASE RENOVATIONS PLEASE PROVIDE DATES AND AMOUNTS

	Y	N	
<input type="checkbox"/> You have completed a renovation to the property (Please provide dates and associated costs)			
<input type="checkbox"/> You have purchased additional items with the sale (Please provide dates and associated costs)			
<input type="checkbox"/> Are you aware of any renovations to the original build			

PROPERTY DETAILS:

IF built before 18th July 1985 insert – “PRE 85 “

IMPORTANT: Construction Completion Date of Property: This can be sourced from Council, Real estate agent			
Property Address		State	Postcode
Name of managing agent or contact person to arrange property inspection		Phone Number	
Did you purchase an existing property or did you build? <input checked="" type="checkbox"/> Purchased <input type="checkbox"/> Built			
Settlement Date:	Purchase Price	Construction Cost (If Known)	Land Value at settlement

ACCOUNTANT

Accountant or Financial Advisor:	Company:
Phone:	E-Mail Address:

PAYMENT DETAILS:

We the property owner or managing agent provides the above details in acceptance of the offer to provide a detailed Fully Inspected Property Tax Depreciation Schedule. Please accept payment or charge the credit details below.

Cheque / Money order attached or please charge my credit card details as below. Visa MasterCard

Please charge my credit card, number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CCV: <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amount \$495.00	

Phone: 0459 599 119

www.taxdc.com.au E Mail: gld@taxdc.com.au