

RETROFIT EXPRESS INC

"Commitment to Excellence"

FAX (818) 883-8117

CSLB# 868505

Key Map : _____

Property information

Numbers of Floors: _____

Numbers of Toilets: _____

Owner Name : _____ Phone : _____

Property Address : _____

City : _____ Zip Code : _____

Agent information

Agent Name : _____ Company : _____

Email Address : _____

Assistant Name: _____

Phone : () Cell : ()

Inspection _____ **Retrofit** _____

Lockbox Combination : _____

Call Agent : 30 mins 20 mins Other :

Do All As Necessary: _____ W.H. Strapping: _____

Toilets: _____ T & PR Valve: _____

Install Only: _____ T & PR Pipe: _____

Smoke Detector (Battery) _____ W.H. Bracing: _____

Smoke Detector (H.W.) R _____ G.S.O.V: _____

Smoke Detector (H.W.) N _____

C/M Detector (Battery) _____ Glazing: _____

C/M & Smoke Detector (Battery) _____ Batteries: _____

C/M & Smoke Detector (H.W.) R _____ Misc: _____

Other: _____

Total:

Escrow Company : _____ Closing Date: _____

Escrow Officer : _____

Print Name: _____ **Agent/ Seller Signature:** _____

This is for services rendered and accepted upon being signed. Should escrow cancel or fail to pay Retrofit Express upon closing, or if payment is not received within 60 days of retrofitting completion date, payment of all fees are due to Retrofit Express by the signers for services rendered. Signer understands that a mechanic's lien may be placed on the property and filed with the County Recorder's office.