



618 split rail drive
brentwood, tn

p: 615.661.0297
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www.completehomeinspectionsonline.com

Authorization to pay for inspection at closing with credit card guarantee.

CAUTION: DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT.

NOTE: The Inspection Fee is for the service performed on the PROPERTY only. Your report will ***not be issued*** until we receive this form filled out in its entirety.

TO: (Insert Name of Title Company or Closing Agent)

its employees, and agents.

I/we, the undersigned, have contracted with Complete Home Inspections, Inc.; 618 Split Rail Drive; Brentwood, TN 37027; (COMPANY) to perform a home inspection regarding the property commonly known as (insert address below)

_____ (“PROPERTY”).

My/our Agreement with the COMPANY provides that the COMPANY’S fee will be paid at closing on the PROPERTY. THEREFORE, I/we specifically and irrevocably authorize and instruct you to pay COMPANY all sums owed to COMPANY for inspecting the PROPERTY at the closing on the PROPERTY, unless instructed differently by COMPANY. FURTHERMORE I/we further agree to indemnify, release and hold harmless the title company or closing agent, its employees, and agents, for any liability or claims allegedly arising out of any such distribution to COMPANY at closing. An invoice submitted by COMPANY to the title company or closing agent shall be sufficient to establish the amount to be paid to COMPANY at closing.

Furthermore, if you cancel the contract on the above PROPERTY, the COMPANY will run the credit card upon notice of cancellation by you or your representative. Or if the closing does not take place within 45 days from the date of this document or the agreed upon escrow date, I/We specifically authorize COMPANY to bill the below-described credit card for all sums owed to COMPANY.

I/We understand that the settlement price includes a one time \$50.00 processing fee to cover administrative costs.

I/We understand if the escrow date changes, it is our responsibility to notify the COMPANY and make amendments to this contract.

Anticipated closing date:

The credit card to be charged in that event is as follows:

Type of card: MasterCard _____ Visa _____

Name as it appears on card:

Card number:

_____ / _____
Expiration date/Security code:

Address associated with credit card:

Dated this ____ day of _____, 20____.

Signature

Printed Name

Signature

Printed Name