

352-795-1554
Phone



352-795-5423
Fax

2190 N. Crede Ave., Crystal River, FL 34428

SEPTIC TANK MORTGAGE INSPECTION REQUEST FORM

DATE: _____ REQUESTED BY: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

***EFFECTIVE IMMEDIATELY
PAYMENT DUE AT TIME OF SERVICE
CASH, CHECK, VISA, MASTERCARD OR DISCOVER ACCEPTED***



INSPECTION LOCATION:

ADDRESS: _____ CITY: _____ ZIP: _____

PREFERRED SERVICE DATE: _____ 8 TO 12 OR 12 TO 4
(Circle One)

PLEASE PROVIDE AT LEAST 2 BUSINESS DAYS NOTICE

BUYER'S NAME: _____ PHONE: _____

SELLER'S NAME: _____ PHONE: _____

SELLER'S MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT ARRANGEMENTS: _____ CREDIT CARD _____ DAY OF SERVICE

❖ **PERSON WHO ORDERS THE PUMP OUT IS RESPONSIBLE FOR PAYMENT**

SERVICE MUST BE ORDERED BY THE REAL ESTATE COMPANY REPRESENTING THE SELLER. PAYMENT ARRANGEMENTS FROM EITHER PARTY MUST BE PROVIDED TO A-ABLE SEPTIC-SEWER SERVICE PRIOR TO OR ON SITE THE DAY OF SERVICE. WE DO NOT CONTACT THE BUYER OR SELLER TO ARRANGE SCHEDULING OR PAYMENT. PLEASE HAVE ALL NECESSARY ARRANGEMENTS MADE PRIOR TO ORDERING SERVICE.