

FOCHAUS Management Inc.

DOCUMENT ORDER FORM

DATE:

SOLICITOR/AGENT/OWNER:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE:

FAX:

EMAIL:

For services provided in preparation of the following documents for:

PROPERTY NAME:

PROPERTY ADDRESS:

LEGAL UNIT #:

PARKING/STORAGE LEGAL(S) # (if applicable):

CLOSING DATE:

SALE

REFINANCE

SELLER'S NAME(S):

PURCHASER'S NAME(S) (if known):

HOW WILL YOU PAY?

EMAIL TRANSFER CASH CHEQUE MONEY ORDER

HOW DO YOU WANT YOUR DOCUMENTS?

PICK UP EMAILED

ATTENTION:

INVOICE #:

YOUR FILE #:

<input type="checkbox"/> Estoppel Certificate	1@	\$105.00	\$ _____
<input type="checkbox"/> Bylaws	1@	\$ 40.00	\$ _____
<input type="checkbox"/> Monthly Financial Statement	1@	\$ 11.00	\$ _____
<input type="checkbox"/> Audited Financial Statement	1@	\$ 22.00	\$ _____
<input type="checkbox"/> Budget	1@	\$ 22.00	\$ _____
<input type="checkbox"/> Condo Fee Schedule	1@	\$ 10.00	\$ _____
<input type="checkbox"/> Annual General Meeting Minutes	1@	\$ 22.00	\$ _____
<input type="checkbox"/> Board Meeting Minutes	12 Sets (year)@\$9.00/set	\$108.00	\$ _____
<input type="checkbox"/> Insurance Certificate	1@	No Charge	\$ _____
<input type="checkbox"/> Management Agreement	1@	\$ 25.00	\$ _____
<input type="checkbox"/> Reserve Fund Study	1@	\$ 50.00	\$ _____
<input type="checkbox"/> Reserve Fund Report	1@	\$ 10.00	\$ _____
<input type="checkbox"/> Five Year Plan	1@	\$ 12.00	\$ _____
<input type="checkbox"/> Information Statement	1@	\$ 75.00	\$ _____
<input type="checkbox"/> RUSH (Not available on Estoppel Certificates)	1@	\$ 40.00	\$ _____

SUB TOTAL

\$ _____

G.S.T. @ 5% (Federal GST# 840214829RT) \$ _____

BALANCE DUE

\$ _____

Please pay on invoice as no statement will be issued. We are unable to accept credit cards. Please make cheques payable to FOCHAUS Management Inc. Payment is due prior to release of documents.

PLEASE NOTE: Unless written notification is received, any pre-authorized debit accounts will be cancelled as per the sale closing date provided to our office.