

QUOTE INSTRUCTIONS FORM

OWNER TO COMPLETE AND RETURN TO:

Attention Property Management Department
Loanstar Realty
PO Box 1203
SPRING HILL QLD 4004

FAX: 07/3839 6739

RE: QUOTE INSTRUCTIONS

PROPERTY ADDRESS: _____

I/We authorize you to proceed with the following quote for the above property :

Contractor _____ Quote number _____ _____

Please tick the appropriate box:

- I/we have attached a cheque for payment in full, to be held in Trust until the required work is completed
- I/we authorize Loanstar Realty to pay for the required work on completion by withdrawing monies from our Rental Account
- I/we do not authorize Loanstar to proceed with the repairs.

Owner Name: _____	Signature: _____	Date: _____
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Office Use Only

Date received: _____ Procedure: _____
By: _____ File: _____ Job no.: _____