



Fax Order Form to 727-787-4790

With this order form you are creating a work request. The order will be emailed to us for review.
We will contact you within 48 hours of submission for verification, additional information and/or scheduling. Thank You.

1. Please select the type of order are you placing.

- | | | | |
|---|--|---|--|
| <input checked="" type="radio"/> Virtual Tour
<input type="radio"/> 4 Scene (\$99)
<input type="radio"/> 5 Scene (\$119)
<input type="radio"/> 6 Scene (\$139)
<input type="radio"/> Add Scenes (\$20) #____
<input type="radio"/> Cendant Tour (\$49 w/cert) | <input checked="" type="radio"/> Digital Stills (Flats)
<input type="radio"/> MLS Shot (\$6)
<input type="radio"/> 10 With Tour (\$20)
<input type="radio"/> 10 Without Tour (\$45)
<input type="radio"/> Studio Portrait (\$40)
<input type="radio"/> On-Site Portraits (\$250) | <input checked="" type="radio"/> Copy Service
<input type="radio"/> Copies only
<input type="radio"/> Copy Plus Service

<input type="checkbox"/> Shipping Recovery
<input type="radio"/> FedEx or UPS | <input checked="" type="radio"/> Requested Scheduling:
____ / ____ / ____
<small>mm / dd / yyyy
(Date Not Guaranteed)</small>
<input type="radio"/> <input checked="" type="radio"/> Rush Service <input checked="" type="radio"/> (\$20)
<input checked="" type="radio"/> Other Service
<input type="radio"/> Specify Below |
|---|--|---|--|

2. Provide specific details of your order.

- | | | | |
|---|--|--|---|
| <input checked="" type="radio"/> Virtual Tour Scenes
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____ | <input checked="" type="radio"/> Digital Photo Scenes
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____ | <input checked="" type="radio"/> Copies
_____ # of B&W
_____ # of Color
<input type="radio"/> Flyer Design
<input type="radio"/> Circulation Service
<input type="radio"/> Mailing Service | <input checked="" type="radio"/> Other
_____ # of Custom Diskettes
_____ # of Custom CD-ROMs

<input type="radio"/> E-Mail Services
<input type="radio"/> Video Productions |
|---|--|--|---|

Your Information

- Name: _____
- Phone / Cell: _____ / _____
- Fax: _____
- E-Mail: _____

Agency Information (if applicable)

- Name: _____
- Phone: _____
- Address: _____
- City/State/Zip: _____

Service Location 1

- Address: _____
- Neighborhood: _____
- City/State/Zip _____

Special Instructions

-
- MLS #: _____

Service Location 2

- Address: _____
- Neighborhood: _____
- City/State/Zip _____

Special Instructions

-
- MLS #: _____

Service Location 3

- Address: _____
- Neighborhood: _____
- City/State/Zip _____

Special Instructions

-
- MLS #: _____

3. Provide web site posting information.

- | | |
|--|--|
| <input checked="" type="radio"/> National Sites
<input type="checkbox"/> Realtor.com
<input type="checkbox"/> HomeSeekers.com
<input type="checkbox"/> MLSLink
<input type="checkbox"/> HomeAdvisor.com
<input type="checkbox"/> Homes.com
<input type="checkbox"/> Other | <input checked="" type="radio"/> Realtor Sites
<input type="checkbox"/> Coldwell Banker
<input type="checkbox"/> Keller Williams
<input type="checkbox"/> Prudential
<input type="checkbox"/> GMAC
<input type="checkbox"/> ERA
<input type="checkbox"/> C21
<input type="checkbox"/> Re/Max
<input type="checkbox"/> Birdview
<input type="checkbox"/> Comstock |
|--|--|

- Your Sites:** HTTP:// _____ HTTP:// _____

- Payment Information:** Credit Card (Visa/MC/AmEx) Personal/Company Check Preranged Account