

C & C PROPERTY GROUP LTD.

#304-123 East 15th St, North Vancouver, B.C. V7L 2P7; 604-987-9040; 604-987-9045 (fax)

DOCUMENT ORDER FORM – Lawyers & Notaries Public

Please complete and return to our office via fax.

Documents will be prepared within one week upon receipt of your order and available for pick-up by your courier, unless expedited service is requested below. Telephone orders are not acceptable.

Today's Date: _____	File Reference: _____
Strata Plan Number: _____	Unit Number: _____ PID: _____
Legal Description: _____	Completion Date: _____
Name of Seller: _____	
Name of Buyer: _____	Phone Number: _____
Address of Buyer :(if non-resident or box number) _____	
Name of legal firm: _____	Contact Person: _____
Address: _____	
Phone: _____ Fax: _____ Cell: _____	

Please Select Your Order & Service:	Form B: <input type="checkbox"/>	\$35.00 plus \$0.25/page
	Form F: <input type="checkbox"/>	\$15.00
Same Day Processing: <input type="checkbox"/>		\$200.00 per form - plus all regular fees
2 Day Processing: <input type="checkbox"/>		\$150.00 per form - plus all regular fees
3-4 Day Processing: <input type="checkbox"/>		\$130.00 per form - plus all regular fees
5-6 Day Processing: <input type="checkbox"/>		\$100.00 per form - plus all regular fees
FAX COMPLETED FORMS: <input type="checkbox"/>		\$5.00
MAIL COMPLETED FORMS: <input type="checkbox"/>		\$5.00
		*All fees plus HST

Information collected under this request will be used by C&C for the purposes of identification and communication, processing payments, responding to emergencies, management of the Strata Corporation, and compliance with applicable laws and may be used to market its products and services.

To be completed by C & C Property Group Ltd.

Strata Fees: \$ _____	Proposed Fee Adjustment: \$ _____	Arrears Owing: \$ _____
Special Levy: \$ _____	Due Date: _____	
Move In Fee: \$ _____	Move Out Fee: \$ _____	Other Fee: \$ _____

Undertaking Letter Required to Pay \$ _____ before release of Form F. Yes No Insurance Broker: _____

We acknowledge and agree to pay the charges according to the fee schedule selected.

Print Name

Signature