TIMBER PRODUCTS
We Deliver Confidence.

OFFICE USE ONLY	
ACCT #:	
INSP:	
INVOICING:	VIA EMAIL

RECLAIMED MATERIAL REVIEW
SERVICE REQUEST FORM

FROM	(COMPANY NAME)	(CONTACT NAME)
BILLING ADDRESS	(STREET ADDRESS)	(CITY, ST, ZIP)
CONTACT INFO	(PHONE)	(EMAIL ADDRESS)
INSPECTION ADDRESS	(STREET ADDRESS)	(CITY, ST, ZIP)
JOBSITE CONTACT	(NAME)	(PHONE)
READY DATE:		

PRODUCT DESCRIPTION

SIZE (TH X W)	MOISTURE (DRY/GRN)	SPECIES	APPROX # OF PCS	GRADE SPECIFIED	WAIVERS?

OFFICE USE ONLY	
MARKING METHOD	GRADE RULE BOOK TO BE USED

REQUEST - Inspect the material described above and issue a grade report based on the findings. I understand and agree that TP's final report will state since the reviewed members were reclaimed for reuse and since the previous service life is unknown, published design values may not apply. I also understand that the grade results do not take into account any notching or holes or any other type of defect in the wood members resulting from the general construction practices of carpenters, plumbers, electricians, or any other trade.

INSPECTION, TRAVEL, & REPORT RATE (hourly):	$125/hr
MINIMUM CHARGE (& REQUIRED RETAINER):	$500
ACTUAL TRAVEL EXPENSES & MILEAGE RATE OF:	$0.60/mi

ACKNOWLEDGMENTS - A retainer is required before inspection work can be scheduled. Full payment is required within 30 days of the final invoice date and before the final report is issued. By completing, signing and returning this form to Timber Products Inspection, Inc. ("TP"), you agree to indemnify and hold TP harmless from any claims, damages, charges, liabilities, demands, expenses, lawsuits or other obligations of any nature (including, but not limited to, attorneys' fees and costs), that are threatened, asserted or secured against, or are incurred, sustained or suffered by TP in connection with, resulting from, arising out of, or incident to your acts or omissions.

SIGNED: _____ **DATE:** _____

RETURN TO: lumberdivision@tpinspection.com or 100 KEDRON DR, PEACHTREE CITY, GA 30269

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CREDIT CARD RETAINER PROCESSING REQUEST

DATE OF REQUEST: _____

CC#: _____

CARD EXP DATE: _____ CID#: _____

NAME ON CARD: _____

TYPE OF CARD: _____

BILLED AMOUNT*: $_____ ☐ PLUS 3%

*Note: Credit card convenience fee of 3% added to billed amount

EMAIL COPY OF RECEIPT TO: _____
EMAIL ADDRESS

OFFICE USE ONLY

TP ACCT NAME & NO: _____

TP INVOICE/TRANSACTION NUMBER BEING PAID: _____