

CA Comparable Sales Report Worksheet

Company Name _____

Name On Credit Card _____

Address _____

City, State, Zip Code _____

Phone () _____ Fax () _____

Credit Card Number _____

Expiration Date Month _____ Year _____ Credit Card Type [] VISA [] MASTER CARD

Authorization Signature _____

I hereby authorize Santiago Financial, Inc. / Manufactured Housing Network and its agents to bill my credit card for payment of in the amount of \$ _____

\$25.00 Per Report FAXED or EMAILED

[] Email the report to me at _____

[] Fax the report to me at _____

Park Name _____

Address _____

City _____, CA Zip Code _____

Park Name _____

Address _____

City _____, CA Zip Code _____

Park Name _____

Address _____

City _____, CA Zip Code _____

If you would like to pay by check please enclose this request with your check and we will email or fax the comp report.

SANTIAGO FINANCIAL, INC.
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(714) 731-8080 | (800) 232-3908 | FAX (714) 731-3908