



SANTIAGO FINANCIAL, INC.

www.santiagofinancial.com

Comparable Sales Report Order Form

Email to : info@santiagofinancial.com or Fax 714-731-3908

Customer Information

Company Name: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Park Request

Park Name: _____ \$35.00 each

Address: _____ City: _____ Zip: _____

Park Name: _____ \$35.00 each

Address: _____ City: _____ Zip: _____

Park Name: _____ \$35.00 each

Address: _____ City: _____ Zip: _____

Payment Information

I authorize Santiago Financial Inc. to charge my credit card for payment \$ _____



Card Number: _____

Expiration (mo/yr): _____ 3 or 4 Digit Security Code: _____

Signature: _____ Date: _____

How would you like to receive this comp report?

Email

Fax

Mailing Address