

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.
150 El Camino Real Suite 112 Tustin, CA 92780
(714) 731-8080 | (800) 232-3908 | FAX (714) 731-3908