

# California Comparable Sales Report

Company or 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 Centuryside Real Estate, Inc. to bill my credit card for payment of the amount of \$\_\_\_\_\_

**\$25.00 Per Report FAXED or EMAILED**

[ ] Email the report to me at \_\_\_\_\_

[ ] Fax the report to me at \_\_\_\_\_

## Property addresses

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, CA., Zip Code \_\_\_\_\_

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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 report.**

Centuryside Real Estate., Inc.  
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