



Virtual Tour Fax Order Form

Complete & Fax to 800.283.2916

LISTING AGENT INFO

Agent Name: _____ Listing Date: _____
 Company: _____ Phone: _____ Cellular: _____
 Address: _____ City _____ State _____ Zip Code _____
 Email Address: _____
 Do you have an Agent Photo on File: ___ YES ___ NO Where if on internet _____
 Has your agency already done tours with Imagemaker360 ___ YES ___ NO

PROPERTY LOCATION

Address: _____ City: _____
 State: ___ Zip: _____ Directions: _____

HOME INFORMATION

Price of Home: _____ MLS# _____ Total SQ. FT. of home: _____
 Number of Bedrooms: _____ Number of Bathrooms: _____
 Descriptive Property Title: _____
 Property Description: (max 400 characters) _____

PACKAGE ORDERED

Additional Virtual Tours # _____
 Additional Still Shots# _____
 Standard Package will include ___ 4 ___ virtual tours and ___ 1 ___ Still shots
 Photographer Preference _____

VIRTUAL SHOTS

Room 1: _____ Room 6: _____
 Room 2: _____ Room 7: _____
 Room 3: _____ Room 8: _____
 Room 4: _____ Room 9: _____
 Room 5: _____ Room10: _____
 OUTSIDE SHOT: Front Yard ___ Back Yard ___ LeftSide Yard ___ RightSide Yard ___

PAYMENT INFORMATION

Credit Card Type: Visa ___ Mastercard ___ American Express ___ Discover ___
 Name on Card: _____
 Credit Card #: _____ Exp. Date: _____
 Address for CC: _____ City: _____ State: ___ Zip: _____

Agent's Signature: _____ Date: _____

***If any field in the form is left blank, there will be a delay in processing your order.
 NOTE: I hereby authorize Imagemaker360 to charge the above credit card for the amount shown.***