



Please fill out the form below and fax it to: 630.893.9406

VTR100

YOUR INFORMATION

Name / Company		
Company Street Address		
City	State	Zipcode
Office Phone	Cell Phone	
Email Address		
Website		

PACKAGE INFORMATION

(Choose a following package)

Choice	# of		
<input type="checkbox"/>	<input type="checkbox"/>	BASE Package (6 Stills and 6 Panoramics)	\$99
<input type="checkbox"/>	<input type="checkbox"/>	STANDARD Package (6 Stills, 6 Panoramics, 25 CDROMs)	\$125
<input type="checkbox"/>	<input type="checkbox"/>	ELITE Package (10 Stills, 10 Panoramics, 25 CDROMs)	\$149
<input type="checkbox"/>	<input type="checkbox"/>	OUTRAGEOUS Package (Elite pkg + Video Walkthrough and Vfloor)	\$349

If you have more then 5 listings please contact for our current specials

ADDITIONAL ITEMS

Choice	# of		
<input type="checkbox"/>		Realtor Video Walkthrough (based on 1.5hr shoot / 27.50 additional half hour)	\$149
<input type="checkbox"/>		VFloor Virtual Space Planner (inc 5 rooms / \$15 additional room floor-plans not provided add \$49)	\$99
<input type="checkbox"/>	<input type="checkbox"/>	Additional Panoramics Add an outside tour of the listing	\$19
<input type="checkbox"/>	<input type="checkbox"/>	Additional Stills Booked in a pack of 6. (Basements, Yard, etc.)	\$19
<input type="checkbox"/>	<input type="checkbox"/>	Additional Virtual Tour CD-ROMs (booked in packs of 10)	\$29
<input type="checkbox"/>		Add web link to mortgage company enter link: Or e-mail to contact@vtoursusa.com	\$10
<input type="checkbox"/>	<input type="checkbox"/>	Provide Brochure Flyer Image (choose between 4 templates / we e-mail file to you for printing) (vtours will print for flyers for .59cents each / you pay shipping)	\$10
<input type="checkbox"/>		Upload to Realtor.com	\$25

HOUSE INFORMATION

House Address		
City	State	Zipcode
MLS #	Asking Price	
Floor Plan Included? Yes / No	# Bedrooms	# Bathrooms
Homeowners Name / Phone		

Notes/comments

*let us know here if you are interested in addition vfloor rooms, printing for flyers etc...

PAYMENT INFORMATION

Name on Card			
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	American Express <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number		EXP Date	
		Panel Code:	
Billing Address (if different from above)			
City	State	Zipcode	

* Cancellation / Reschedules within 24hrs of the appointment will incur a \$50.00 Charge

NAME SIGNATURE

Printed Name / Signature	Signed Date
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YOUR FUNDING REP

Name	Fax:
Phone:	E-mail: