



Attn: Office Manager, Resale Request
5300 Columbia Pike Arlington, VA 22204
P: 703.931.5520 | F: 703.820.2949

Cost of Services related to preparation of Resale Certificates and Association Disclosure Packets

Table with 2 columns: Service Name and Price. Rows include Preparation and Delivery, Expedited Services, Inspection Services, Overnight or Hand Delivery, Resale Certificate and Disclosure Packet Updates, and Financial Updates.

Unit #: _____ Seller's Full Name: _____
Co-Seller's Full Name: _____
Seller's Address (if different from unit address): _____
Seller's Home Phone: (____)____-____ Work: (____)____-____ Fax: (____)____-____
Seller's Email: _____

Buyer's Full Name: _____
Co-Buyer's Full Name: _____
Buyer's Address: _____
Buyer's Home Phone: (____)____-____ Work: (____)____-____ Fax: (____)____-____
Buyer's Email: _____

Requested By: _____ Phone: (____)____-____

Deliver Completed Resale Packet to:
Recipient Name: _____
Address (P.O. Box not accepted): _____
City: _____ State: _____ Zip: _____



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Processing Fees:

- | | |
|--|-----------------|
| <input type="checkbox"/> Resale Packet Request (2 hard copies) | \$150.00 |
| <input type="checkbox"/> Resale Packet Request (2 electronic copies) | \$125.00 |
| <input type="checkbox"/> Update on Resale Packet Information | \$50.00 |
| <input type="checkbox"/> Additional Copies (exceeding 2) | _____ X \$25.00 |

Shipping Fees:

- | | |
|--|------------------|
| <input type="checkbox"/> Standard Shipping (3-5 business days) | Included in cost |
| <input type="checkbox"/> Expedited Service | \$50.00 |

Total Due: _____

Payment Information:

- Check or MO enclosed
- Charge the seller's account for total costs.
- Seller's or Authorized Agent's Signature: _____
- Check or MO mailed to Summit Management.
8405-A Richmond Highway
Alexandria, VA 22309