



**Promise to Pay**

Name \_\_\_\_\_

Property Address \_\_\_\_\_

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\*\*\*\*\*

I, \_\_\_\_\_, understand and agree that I am responsible for the inspection and laboratory fees that will be incurred at the time of inspection that will take place on \_\_\_\_\_ at the property located at \_\_\_\_\_.

Although I will not be present at the time of inspection, I will send payment by the end of the business day on \_\_\_\_\_.

I am aware that no results or reports will be provided to me until payment is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date