

480-TERMITE AND PEST

Date ____/____/20____

Email this form to:
480termite@qwestoffice.net

() Inspection with Wood Report ()w/treatment () Bid / Treat () Treatment () Termite Lead
() Re-Treat () Annual Inspection () Warranty Renewal () Sup Report Needed ()w/treatment
() No WDIIR Needed () Other _____

Ordered By _____ () hi () ba () la () pm () seller () buyer
Phone # _____ Fax# _____ E-mail _____

Property Address _____ City _____ Zip _____
Major Cross Streets _____

Seller's Owner's Name _____ Phone # _____
Seller/Owner's E-mail _____

Listing Agent _____ E-mail _____
Phone # _____

Buyer's Agent _____ E-Mail _____
Phone # _____

Buyer's Name _____ E-Mail _____
Phone # _____

Buyer's Credit Card # (we accept VISA, MC, DISCOVER) _____ Exp Date _____

Vacant Occupied Lock or C.B.S Code _____
SQFT _____ Gate Code _____ Special Instructions _____

Date of Home Inspection _____ () Go Anytime Requested 2 Hour Time Slot ____ to ____
Special Notes _____

******Only fill out this section if we are billing title. **** Our preferred method of billing is Credit Card.**

Title Company _____
Escrow Officer _____ E-Mail _____
Phone # _____ Notes _____
Escrow # _____ COE Date _____

Who is responsible for payment of Termite Services through title: () Buyer () Seller () Other _____