

# 480-TERMITE AND PEST

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Email this form to:  
480termite@qwestoffice.net

|  |  |   |  |                                       |
|--|--|---|--|---------------------------------------|
| <input type="checkbox"/> Inspection with Wood Report | <input type="checkbox"/> w/treatment       | <input type="checkbox"/> Bid / Treat      | <input type="checkbox"/> Treatment         | <input type="checkbox"/> Termite Lead |
| <input type="checkbox"/> Re-Treat                    | <input type="checkbox"/> Annual Inspection | <input type="checkbox"/> Warranty Renewal | <input type="checkbox"/> Sup Report Needed | <input type="checkbox"/> w/treatment  |
| <input type="checkbox"/> No WDIIR Needed             | <input type="checkbox"/> 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 \_\_\_\_\_