

AMERICAN PEST CONTROL, INC.

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E-MAIL- service@americanpestcontrol.com

TERMITE INSPECTION INFORMATION

DATE: _____ REQUESTED DATE OF INSPECTION: _____

ORDERED BY _____ COMPANY _____

PHONE # _____ FAX # _____ E-MAIL _____

PROPERTY ADDRESS: _____ ZIP CODE _____

CROSS STREET: _____ GATE CODE: _____

DEVELOPMENT NAME: _____

SQ. FOOTAGE W/GARAGE: _____ AGE OF PROPERTY _____

TITLE CO. _____ PHONE # _____ FAX _____

ADDRESS: _____ ZIP CODE _____

ESCROW OFFICER: _____ ESCROW # _____

SELLER NAME: _____ PHONE # _____

EXPECTED CLOSING DATE: _____

RESPONSIBLE PARTY: _____ PHONE # _____

FOR OFFICE USE ONLY

SCHEDULED DATE /TIME _____ PCO _____

PRICE: _____ PAYMENT METHOD _____