



Bill's Pest & Termite Co.

PO Box 43076
Phoenix, Arizona 85080-3076

"We will treat you like family!"

Termite Request Form

Date _____ Price: _____

Sale 10 day Inspection period ends: _____
 Refinance Closing date: _____

PROPERTY ADDRESS: _____

PROPERTY CITY: _____ PROPERTY ZIP _____

SELLERS NAME: _____ SELLER PHONE: _____

TITLE COMPANY: _____ ESCROW OFC: _____

Title E-Mail _____ TITLE PHONE: _____ TITLE FAX: _____

TITLE ADDRESS- _____ TITLE ZIP: _____

PROPERTY VACANT ON LOCK BOX CBS CODE: _____

USE LOCK BOX TO GAIN ENTRY

SCHEDULE APPOINTMENT WITH SELLER TO GAIN ACCESS

MEET: _____ DATE: _____ TIME: _____

HOME HAS A CRAWL SPACE

INSPECTION REQUESTED BY: _____

PHONE: _____ E-MAIL: _____

SPECIAL INSTRUCTIONS: _____

COLLECT CHECK AT INSPECTION BILL THRU ESCROW

WHO IS RESPONSIBLE FOR PAYMENT BUYER SELLER

OTHER: _____

Send to: BillsTermiteCo@aol.com 24 HOUR FAX: 602.926.1436