

DeAnza Termite & Pest Control, Inc.

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TERMITE INSPECTION ORDER

Date: _____

Seller's Name: _____

Phone Number: _____

ADDRESS: _____

SQ. FT. _____ YEAR BUILT: _____

SLAB OR RAISED FOUNDATION (circle one)

Escrow Office: _____

Escrow #: _____ Escrow Officer: _____

Closing Date: _____ Phone Number: _____

ACCESS: Key @ Office Call owner/tenant LXBX Combo: _____
 Call agent

PLEASE USE THIS FORM TO FAX/ORDER YOUR TERMITE INSPECTIONS FOR YOUR CONVENIENCE. YOU'RE ALWAYS WELCOME TO CALL THE OFFICE TOO IF YOU PREFER.

AGENT: _____

REAL ESTATE OFFICE: _____

Phone Number(s): _____

Fax Number: _____