

Son-Ray Pest Control

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TERMITE REQUEST FORM

DATE OF REQUEST:

SELLER:

PHONE #1:

PHONE #2:

REFINANCE: (CHECK REQ AT TIME OF SERVICE)

BUYER:

PHONE:

AGENTS, PLEASE NOTE: IF ESCROW CANCELS FOR ANY REASON, PAYMENT IS DUE IMMEDIATELY BY SELLER. PLEASE MAKE THEM AWARE OF THIS FACT.

REQUESTED BY:

BUYER'S AGT:

REAL ESTATE CO:

OFFICE:

MOBILE:

FAX:

LISTING AGENT:

REAL ESTATE CO:

OFFICE PHONE:

MOBILE PHONE:

FAX:

PROPERTY ADDRESS:

VACANT: / **OCCUPIED:**

LOCKBOX?: Yes No

CBS CODE: **GATED COM.**

PAID AT COE BY: Buyer / Seller

HOME INSPECTION WITH APEX
Yes No
Water/Elec. On: Yes /No:
Access to Electricity Panel: Yes /No
Sq. Ft. / **Year Blt.** **Pool/Spa** Yes /No

DATE CONTRACT SIGNED:

10 DAY INSPECTION PERIOD UP:

CLOSE OF ESCROW DATE:

TITLE CO:

ADDRESS:

TITLE CO. PHONE:

TITLE CO. FAX:

ESCROW OFFICER:

ESCROW #:

Office Use Only: **Tech** **Date/Time** **Rush** _____