

Aloha Termite & Pest Control (PCO 802)

1024-D Kikowaena Place Honolulu, Hawaii 96819

Telephone: (808) 833-3368 Fax: (808) 833-2878

TERMITE INSPECTION REPORT ORDER

*****IF ESCROW DOES NOT PAY FOR THIS INSPECTION 30 DAYS AFTER COMPLETION, THE RESPONSIBLE PARTY'S WHOS BILLING INFORMATION AND SIGNATURE, ARE LISTED BELOW WILL BE INVOICED.*****

NAME: _____ ADDRESS: _____

CITY & ZIP CODE: _____ PHONE: _____

SIGNATURE OF RESPONSIBLE PARTY: _____

*****NO INSPECTION WILL BE SCHEDULED WITHOUT ABOVE SECTION COMPLETED*****

Inspection Date _____ Time _____ Cost _____ Inspector _____

Closing Date _____ Contact Person _____

JOB ADDRESS _____

Area _____ Condo Name _____ Parking Stall # _____

Vacant Yes No Lockbox # _____ Lockbox Location _____

Tenant/Occupant _____ Phone: _____

HOME INFORMATION: House Townhouse Condominium Square Footage: _____

Last Treatment Date _____ Type of Treatment _____ Company _____

Has the home been inspected in the last 6 months _____ Company _____

Will Disclouser Statement be sent with this request _____

BUYER'S AGENT _____ Company _____

Branch and Address _____

Phone # _____ Fax # _____ Cellular # _____

Pager # _____ Buyer's Name _____

SELLER'S AGENT _____ Company _____

Branch and Address _____

Phone # _____ Fax # _____ Cellular # _____

Pager # _____ Seller's Name _____

ESCROW COMPANY _____ Officer _____

Address _____

Escrow # _____ Phone # _____ Fax # _____

LENDER/MORTGAGE CO/BANK _____ Agent _____

Address _____

Phone # _____ Fax # _____

SEND REPORT TO: Escrow Lender Buyer Seller Other