BLACK STAR PEST SOLUTIONS

TERMIDOR® TERMITE CONTROL

MEMBER PEST CONTROL ASSOCIATION OF CALIFORNIA, INC.

TERMITE INSPECTION ORDER REQUEST FORM

Date: ____

Party Requesting: ______________________________________

Phone Number: _________________ Fax Number: __________________

Certification Desired? □ YES

Report copy: □ Fax □ Mail □ Email □ Other: ______________________

●●

Property Address: ______________________________________

City: ______________________________ Zip: __________________

Owner: ____

Phone Number: ___________________ FAX: ______________________

Report copy: □ Fax □ Mail □ Email □ Other: ______________________

●●

Party of interest: ______________________________________

Address: ____

Phone Number: ___________________ FAX: ______________________

Report copy: □ Fax □ Mail □ Email □ Other: ______________________

●●

Escrow Company: _____________________ Name: ________________

Address: _______________________ Number: __________________

Phone Number: ___________________ FAX: ______________________

Report copy: □ Fax □ Mail □ Email □ Other: ______________________

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SPECIAL INSTRUCTIONS: ____

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PLEASE FAX TO 916 725-0997 or Call Eddie @ 916 780-7827 Thank you for your support!