

# Wood Destroying Organism Inspection Request



## **PITBULL** PEST CONTROL

LIC#6516

RESIDENTIAL & COMMERCIAL **702-400-1946**

7500 W LAKE MEAD BLVD #9-283 · LAS VEGAS, NV 89128 · PitbullPestControl.com

### REQUESTING AGENCY INFORMATION

AGENCY NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### INSPECTION ADDRESS

CURRENT PROP OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

SCHEDULING CONTACT \_\_\_\_\_

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

### FORM SUBMISSION INSTRUCTIONS

Send completed form to: [kdunn@pitbullpestcontrol.com](mailto:kdunn@pitbullpestcontrol.com). For assistance or if you have questions call 702-400-1946

### PAYMENT INFORMATION

#### **BILLING ESCROW?**

Complete the credit card authorization section below for either option.

**NO** (Inspection must be paid prior to service, skip to credit card authorization section)

**YES** (Credit card information must be on file, card will be charge if payment not received within 60 days)

### ESCROW INFORMATION

TITLE COMPANY \_\_\_\_\_

ESCROW OFFICER \_\_\_\_\_ ESCROW # \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### CREDIT CARD AUTHORIZATION

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ VERIFICATION CODE \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILL TO PHONE \_\_\_\_\_

BILL TO EMAIL \_\_\_\_\_

By submitting this request form, I confirm that the above information is correct to the best of my knowledge and if after 60 days escrow has not paid for this inspection in full, I authorize Pitbull Pest Control to bill the full inspection fee to the above credit card.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_