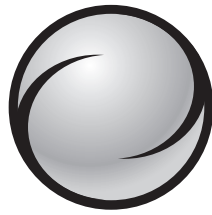


# Termite Inspection Fast Fax Form

Serving Virginia, West Virginia & Maryland



# PMSI

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Inspection Type:	Bill to:	Contact for access:	Deliver papers to:
<input type="checkbox"/> WDI <input type="checkbox"/> Well & Septic <input type="checkbox"/> Termites <input type="checkbox"/> Pest <input type="checkbox"/> Other _____	<input type="checkbox"/> Seller <input type="checkbox"/> Buyer <input type="checkbox"/> Realtor <input type="checkbox"/> Attorney <input type="checkbox"/> Other _____	<input type="checkbox"/> Seller <input type="checkbox"/> Buyer <input type="checkbox"/> Realtor <input type="checkbox"/> Lock Box Key <input type="checkbox"/> Other _____	<input type="checkbox"/> Seller <input type="checkbox"/> Realtor <input type="checkbox"/> Attorney <input type="checkbox"/> Lender <input type="checkbox"/> Other _____

Date \_\_\_\_\_

Realtor \_\_\_\_\_ Phone \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Seller \_\_\_\_\_ Phone \_\_\_\_\_

Purchaser \_\_\_\_\_ Phone \_\_\_\_\_

Settlement Attorney \_\_\_\_\_ Settlement Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Special Instructions \_\_\_\_\_

### Office Use Only

Account # \_\_\_\_\_ Transaction # \_\_\_\_\_

Inspector \_\_\_\_\_ Inspection Date & Time \_\_\_\_\_

Received By \_\_\_\_\_ Fax Confirmation \_\_\_\_\_