



WOOD DESTROYING ORGANISMS REQUEST FORM

REQUESTING PARTY

Name of Agent _____ Agency/Company _____

Email _____ Represent: Buyer Seller

Person Responsible for Payment _____ Phone _____

PROPERTY INFORMATION:

Address _____ City _____ Zip _____

Square Feet _____ Year Built _____ Currently Occupied? Yes No

OTHER INFORMATION AND/OR INSTRUCTIONS

ACCESS TO THE PROPERTY:

Date of requested inspection: _____ Lock Box Code: _____

Supra Will Meet the Tech Other _____

Trip Charge incurred when "No Access" to the property

SELLER INFORMATION

Seller Name _____

Seller Phone _____

Seller Email _____

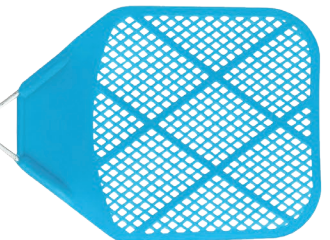
BUYER INFORMATION

Buyer Name _____

Buyer Phone _____

Buyer Email _____

continued on next page





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CLOSING INFORMATION

Closing Agent _____ Business Name _____

Address _____

Email _____

Phone _____ Closing Date _____

A 24 hour notice of cancellation is required to avoid charges

CREDIT CARD AUTHORIZATION FORM

*Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.*

CREDIT CARD INFORMATION

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown) _____

Card Number _____

Expiration Date MM/YY _____ CVV 3-DIGIT CODE ON BACK OF CARD _____ Cardholder Zip Code FROM CREDIT CARD BILLING ADDRESS _____

I hereby authorize Rusty's Pest Control to charge the credit card provided on file as needed basis for the amount(s) due for service(s). I further authorize that any time my account becomes past due, Rusty's Pest Control may use this card to settle the debts owed on my behalf. Any overpayments on my account will be credited back to my card. My credit card statement will serve as a receipt for payments that have been processed. I may request a copy of my receipt by contacting Rusty's Pest Control at (850) 864-2847, and a response will be sent to me via email.

This document designates my signature is on file and therefore is not required that I sign paper receipts each time my credit card is processed. This authorization is to remain in effect until Rusty's Pest Control receives written notification from me of its termination. If my credit card information listed below changes for any reason, I will notify the billing department at Rusty's Pest Control as soon as possible.

Cardholder Signature _____ Date _____

