



**TREATMENT ORDER FORM**

DATE: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PROPERTY OWNER(S) :**

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE : \_\_\_\_\_

**TENANT INFO :**

NAME : \_\_\_\_\_

PHONE : \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT) :** \_\_\_\_\_

**GENERAL PEST CONTROL :**

- ANTS       COCKROACHES       CENTIPEDES       CRICKETS
- RODENTS       FLEAS/TICKS       SPIDERS       OTHER: \_\_\_\_\_

**WOOD DESTROYING PEST CONTROL :**

- TERMITES       POWDER POST BEETLES       WOOD BORERS
- FUNGUS       OLD HOUSE BORERS       CARPENTER ANTS

**SCHEDULING OPTIONS**

**\*APPOINTMENTS MAY BE SCHEDULED 3 BUSINESS DAYS IN ADVANCE. APPOINTMENTS BEGIN AT 8:30AM AND END AT 4:15PM MONDAY - FRIDAY. PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:**

- PLEASE CALL ME TO SCHEDULE AN APPOINTMENT. PHONE # \_\_\_\_\_
- PLEASE HOLD MY INFO. UNTIL I CALL TO SCHEDULE AN APPOINTMENT.
- PLEASE SCHEDULE MY APPOINTMENT AS FOLLOWS :  
DAY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_
- PLEASE CALL ME TO CONFIRM MY REQUEST. PHONE # \_\_\_\_\_