



**1009 Front Street, Uniondale, New York 11553**  
 800.244.PEST (7378) • fax: 516.489.4348  
 www.knockoutpest.com

**Order**

Type of Inspection check box(es):	Termite Inspection	House Inspection
Order Date:	Due Date:	
Ordered By:		
Name:		
Street Address:		
City:	State:	Zip:
Telephone:	Fax:	Email:

**Property to be Inspected**

Owner's Name:			
Street Address:			
City:	State:	Zip:	
Telephone:		Email:	
Seller's Attorney:	Copy to Attorney? (Y/N):		
Name:			
Street Address:	Suite #:	Zip:	
City:	State:	Zip:	
Telephone:	Fax:	Email:	

**Buyer of Property**

Buyer's Name:			
Street Address:			
City:	State:	Zip:	
Telephone:		Email:	
Buyer's Attorney:	Copy to Attorney? (Y/N):		
Name:			
Street Address:	Suite #:	Zip:	
City:	State:	Zip:	
Telephone:	Fax:	Email:	

**Person to Set Up Appt & Telephone #:** (Broker/ Agent) Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**Type of Property:**      Single Family                      Multi Family                      Commercial

Payment:	COD	Bill Attorney	Call Buyer to Collect
Send Report(s) To:	Buyer	Seller	Buyer's Attorney
	Seller's Attorney	Other	

Comments:

**Once form is completed, we recommend you save a copy for your records. Please attach this form to an email and send this to [info@knockoutpest.com](mailto:info@knockoutpest.com) for expedited service.**

