

**NORTH SHORE TERMITE
&
PEST CONTROL**

Fax: (808) 638-5553
paulcampana@hotmail.com

Office: (808) 638-8500
Cell: (808) 683-2180

Today's date _____ Person ordering TIR _____

Check one: Purchase _____ or Refinance _____

Address of Property _____ Zip _____

Name of project or community _____

Do you have documented history of previous treatment for termites? Yes _____ No _____
(if yes, send copy to inspector)

If this is a PURCHASE, please provide the following information

Seller _____ Buyer _____

Seller's agent _____ with _____

Address _____ zip _____

Office phone _____ cell _____ Fax _____

Buyer's agent _____ with _____

Address _____ zip _____

Office phone _____ cell _____ Fax _____

Complete for BOTH purchases and refinances

Escrow Officer _____ with _____

Branch Address _____ zip _____

Phone _____ Fax _____

Escrow # _____ Closing date _____

Name and contact number of person meeting for access _____

Or lockbox _____

Special instructions _____

Copy of TIR to be faxed or emailed to (please check all that apply)

Seller's agent _____ Buyer's agent _____ Escrow officer _____ Loan Officer _____

*PLEASE ADD E-MAIL ADDRESSES
FOR BUYER, SELLER & ESCROW*