# Pest Control Quote Request Form

Which pest, where, for how long, and whether the customer wants a plan, before the callback.

ORGANISATION

DATE

## Your details

NAME

PHONE

EMAIL

## The pest

WHAT HAVE YOU SEEN?

- [ ] Ants
- [ ] Cockroaches
- [ ] Termites
- [ ] Rodents
- [ ] Wasps or bees
- [ ] Bed bugs
- [ ] Mosquitoes
- [ ] Other or not sure

WHERE HAVE YOU SEEN IT?

- [ ] Kitchen
- [ ] Bathroom
- [ ] Attic
- [ ] Crawl space or basement
- [ ] Yard
- [ ] Throughout the property

HOW LONG HAS IT BEEN GOING ON?

- [ ] Noticed today
- [ ] This week
- [ ] Over a month
- [ ] Comes back every year

WHAT DO YOU NEED?

- [ ] One-off treatment
- [ ] Recurring plan
- [ ] Inspection only
- [ ] Not sure yet

If it is an inspection, what is it for?

- [ ] Buying or selling a property
- [ ] Signs I want checked
- [ ] A lender, landlord or business requirement

WHEN WAS THE PROPERTY LAST TREATED, IF YOU KNOW?

## The property

PROPERTY TYPE

- [ ] House
- [ ] Apartment or condo
- [ ] Restaurant or food business
- [ ] Other commercial

ARE THERE PETS AT THE PROPERTY?

- [ ] Yes
- [ ] No

ACCESS NOTES (GATE CODES, TENANTS, CRAWL SPACE ACCESS)

ZIP CODE

WHEN WOULD YOU LIKE US OUT?

- [ ] As soon as possible
- [ ] This week
- [ ] Flexible