

WDO (CLOSING LETTER) REQUEST

Person Ordering: Buyer Seller Realtor _____

Account #: _____ Other Accounts: _____

PROPERTY INFO

Property Address: _____

City: _____ ST: _____ Zip: _____

SELLERS INFO

Seller'S Name: _____

PHone #: _____ Email: _____

BUYERS INFO

Buyer's Name: _____

PHone #: _____ Email: _____

CLOSING / WARRANTY INFO

Date Letter Ordered: _____ Closing Date: _____

Treatment Date: _____ Contract Exp.Date: _____ Warranty Type: _____

Letter Cost _____ Paying How & When _____

ATTORNEY/REALTOR INFO (ONLY NEED THIS IF PAYING OUT OF CLOSING)

Closing Attorney Name: _____

Closing Attorney Phone: _____ Email: _____

Realtor Name: _____

Realtor Phone: _____ Email: _____

Paid in Full: Yes No Foundation Type: Slab Basement Crawl Space

(If the letter/treatment is to be paid out of closing put the following statement in the REMARKS section)

"\$_____ TO BE COLLECTED AT TIME OF CLOSING. IF NOT, TERMITE LETTER IS VOID"

NOTES _____