

WDI / Termite Inspection Order Form



6 Pidgeon Hill Drive
Suite 320
Sterling, Virginia 20165

1) Ordering Contact

Name: _____

Company / Brokerage: _____

Phone: _____

Email: _____

Role: Realtor / Assistant / Home Inspector / Other

2) Property Information

Inspection Address: _____

Property Type: Single-Family / Townhouse / Condo

Occupied or Vacant: _____

3) Access Information

Lockbox / Vacant / Meet / Other: _____

Access Code: _____

4) Buyer Information

Buyer Name: _____

Buyer Phone: _____

Buyer Email: _____

5) Report Timing

Closing Date: _____

Report Needed By: _____

Time Needed: Standard / Rush

6) Payment Information

Billing Name: _____

Billing Email: _____

Payment Method: Invoice / Credit Card / Pay at Inspection

7) Additional Notes _____

Authorization

I authorize scheduling of this inspection and confirm all information is accurate.

Signature: _____ Date: _____