

TERMITE INSPECTION ESTIMATE

Company Name: _____

License #: _____

Date: _____

Estimate #: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Property Inspected:

Structure Type: _____

Square Footage: _____

Foundation: _____

Service Description / Findings	Cost
Initial Inspection Fee	
Soil Treatment / Perimeter Barrier	
Bait Station Installation	
Localized Spot Treatment	
Wood Repair / Remediation	

Service Description / Findings

Cost

Follow-up Monitoring Plan

Subtotal: _____

Tax: _____

TOTAL ESTIMATE: _____

Notes / Observations:

Inspector Signature: _____

Client Signature: _____

Estimate valid for 30 days. This is not a final bill but a quote for services based on visible evidence of infestation.