

# AONE PEST CONTROL

## PRE-PURCHASE TIMBER PEST INSPECTION

### to AS 4349.3

Please fill in the following details and either email to [sales@aonepestcontrol.com.au](mailto:sales@aonepestcontrol.com.au) or fax to 08-92065355. Once we have received your request we will organise a suitable day and time with the owner/agent and you will be notified once this has been arranged. Your report will be issued upon completion usually within 48 hours of access to the property.

PLEASE PRINT

\* Purchasers name: \_\_\_\_\_

\* Current address: \_\_\_\_\_

\* Contact no: \_\_\_\_\_

Email address: \_\_\_\_\_

\* **ADDRESS OF PROPERTY TO BE INSPECTED:** \_\_\_\_\_

Suburb: \_\_\_\_\_

Selling agents name & office location : \_\_\_\_\_

Selling agents contact no: \_\_\_\_\_

Would you like us to send a copy of your report to your nominated Settlement Agent? Yes  No   
if yes please provide agents details \_\_\_\_\_

#### PAYMENT DETAILS:

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	
Name on card: _____	
Card No: _____/_____/_____/_____	(16 digits)
Expiry date: _____/_____	CVV verification No. _____ (on back of card)
Amount to be deducted \$ _____	
Signature: _____	

Thank you for choosing Aone Pest Control to carry out your pre-purchase inspection.  
We are committed to providing you with the highest level of customer satisfaction possible.