

TENNESSEE EXTERMINATORS # 5286

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LICENSED - BONDED - INSURED

CARPENTER BEE CONTRACT # CBC _____

Person Requesting Service _____ Telephone _____ Inspection Date ____/____/____ Service Date ____/____/____ Arrival Time ____:____ AM/PM

___ Initial Service ___ Follow Up Service ___ Call Back ___ Dusting Galleries ___ Chem- Treatment

Cabin Name: _____ Address _____

City _____ TN _____ Email: _____

___ Ck-out 10-11 ___ Turn ___ Ck-in ___ Open Gate _____ Door _____ Alarm _____

THIS IS A **CONTRACT** FOR (WDO) **WOOD DESTROYING ORGANISMS**, REQUIRED BY THE STATE OF TENNESSEE WHEREBY THE CHARTER COMPANY AND INDIVIDUAL APPLICATOR HAS TO BE CURRENTLY LICENSED IN WOOD DESTROYING ORGANISMS. THIS INSPECTION CONTRACT IS FOR CARPENTER BEE TREATMENT **PRIOR TO EXECUTION**. _____ Initials

Warning: Pesticides can be harmful. Keep children and pets away from pesticide applications until dry, dissipated or aerated.

Areas Of Visible Damage

- | | | | | | | | | | |
|------------|---|---|---|---|------------------|---|---|---|---|
| 1.Facia | N | S | E | W | 5.Hand Rails | N | S | E | W |
| 2.Soffit | N | S | E | W | 6. Fences | N | S | E | W |
| 3.Gable | N | S | E | W | 7. Furniture | N | S | E | W |
| 4.Exterior | N | S | E | W | 8. Deck Ceilings | N | S | E | W |

Materials Used	Application Rate
___ Delta Dust 432-772.05%	_____ oz
___ Drione 432-992 Pyrethrins 1.0%	_____ oz
___ Tempo 1% Dust 432-1373 1%	_____ gal
___ Tengard SFR 70506-6, 0.5%=1.5oz- 1gal @ 100sf	_____ gal (Graft) FRONT VIEW

This Contract Invoice has not factored in additional cost to cover any follow up applications. This invoice covers today's service only. Follow up applications for different treatments or additional areas not treated are billable.

Customer has read this contract and has kept a copy of this contract: _____ Initials

NOTES: _____

<i>Billing</i>	_____ / ____ / ____	Previous Balance \$ _____
___ Email # 95747 Technician's Signature _____	Date _____	Today's Service \$ _____
___ In Person VISA M/C DISCOVER AMERICAN EXPRESS		Credit Card 3.65% +.19 \$ _____
___ US Postal _____	_____ / ____ / ____	Total:\$ _____
___ PIC Customer Signature _____	Date _____	Due: Net 30 days