

TENNESSEE EXTERMINATORS # 5286

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LICENSED - BONDED - INSURED

CARPENTER BEE CONTRACT # _____

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

Today's Service is for: Dusting Active Galleries Chemical Pre-Treatment Other

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 Visible Damage

Facia	N S E W	Exterior	N S E W
Hand Railing	N S E W	Fences	N S E W
Furniture	N S E W	Soffit	N S E W
Gable	N S E W	Deck Ceilings	N S E W

Materials Used

Application Rate

<input type="checkbox"/> Delta Dust 432-772.05%	_____ oz
<input type="checkbox"/> Drione 432-992 Pyrethrins 1.0%	_____ oz
<input type="checkbox"/> Tempo 1% Dust 432-1373 1%	_____ gal
<input type="checkbox"/> 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. If this is a Chemical Pre-Treatment to prevent carpenter bees from cutting galleries (holes) in the wood, all galleries (holes) and woodpecker damage must be repaired or sealed prior to this treatment for warranty. **NO ONE** can be on or in property during this treatment NOR any parked vehicles.

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

Notes: _____

Billing

<input type="checkbox"/> Email	# 95747 Technician's Signature _____	____/____/____	Previous Balance \$ _____
<input type="checkbox"/> In Person		Date	Today's Service \$ _____

Payment information link is in email.

<input type="checkbox"/> US Postal	_____	____/____/____	Total:\$ _____
<input type="checkbox"/> PIC	Customer Signature	Date	Due: Net 30 days