This contract provides for retreatment of a structure but does not provide for the repair of damages caused by wood destroying organisms.

TERMITE SERVICE AGREEMENT

## 3

## **Parsons Pest Management**

801 Seale St. Suite 4-G Dallas, Texas 75208	Does Not Protect Against Formosan Termites
	DATE:
Office:(214)748-6690 * Fax:(214)748-3342	☐ Bait ☐ Bora Care ☐ Liquid
BUYER'S ADDRESS	BILLING ADDRESS
Name (To appear on Guarantee)	Name (Agent)
Address (To appear on Guarantee) (Treated Premises)	Address
City	City
State Zip	State Zip
Home Ph. Business Ph.	Home Ph. Business Ph.
STRUCTURE: Residential Commercial	Other
Powder Post Beetles Wood Decay Fungus My guarantee will cover the above described premise(s) for a perio	d of one year and will be subject to general terms and conditions as
treatment deemed necessary by Parsons Pest Control a for renewal periods, after the original contract term. Parson	periodic inspections (approximately annually) and provide additional to additional cost. The renewal fee will remain constant a Pest Control reserves the right to adjust the annual renewal fee after minated by either party for any reason at the end of any one year period ment. See #10 reverse side.
IMPORTANT: I have read the explanation of the Guarantee to be	The cost of this treatment shall be as follows:
issued, including the limitations and restrictions on the Guarantee contained on the back of this page. The attached graph, specifications and back of this Agreement contain important provisions which are part of this Agreement	Initial Charge \$
	Structural Modifications \$
Initial	Additional Renewal # Years \$
EXCEPTION FOR EMERGENCY SERVICE	TOTAL \$
The buyer agrees that emergency treatment made prior to or at the time	Less Deposit \$
of this agreement will be paid for in full. Such emergency treatment is not subject to the notice of cancellation. (See Notice to Buyer).	□ CASH □ CHECK# □ CREDIT CARD
ACCEPTANCE OF EMERGENCY TREATMENT BY: Signature: Date:	Balance Due \$
	METHOD OF PAYMENT:  □ CASH □ CHECK □ OTHER CC/TYPE
Buyer's / Agent Signature: Date:	CREDIT CARD AUTH. CODE AMOUNT CARD# EYP DATE
Parsons Pest Control	EXP. DATE CHARGED
Approved By:	Upon receipt of full payment as indicated Parsons Pest Control is to initiate the following type warranty:  Retreatment Only  No Guarantee
E. A LEW W. I. B. SHIT, CO. SEC. Property and Company of the Compa	(A)

Late Charge - Any account 30 days past due will be assessed a late fee equal to 1.75% of outstanding balances as of date of closing each month. Any account sixty (60) days past due, Parsons Pest Control reserves the right to cancel the account and place the account in the hands of an attorney for collection or suit. Owner agrees to pay the attorney's fees paid or

Notice to Buyer: You may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See attached Notice of Cancellation for an application of this right.