



INVOICE

Termite and Pest Control Services
BAY AREA

NO 0642

P.O. Box 1522 - La Marque, TX 77568

Date 6, 16, 2020

(409) 935-7454

TO Kipp Kersow

SERVICE ADDRESS 18327 Blanchmont

CITY Houston, TX 77058

KKersow@hotmail.com 7pm

Home Phone	Work Phone	Serv Time	Applicator
		<u>MARC</u>	<u>mm</u>

<u>S&S Termite Dealer</u>		
<u>House</u>		<u>695</u>
<u>Comp</u>		<u>175</u>
		<u>570</u>
		<u>71.75</u>
		<u>941.25</u>

Thank You!

Pesticides Usage

Name	Percent	Amount	TARGET PEST
<u>Im</u>	<u>100</u>	<u>1200</u>	Roaches <input type="checkbox"/>
			Ants <input type="checkbox"/>
			Silverfish <input type="checkbox"/>
			Rats <input type="checkbox"/>
			Mice <input type="checkbox"/>
			Fleas <input type="checkbox"/>
			Termites <input checked="" type="checkbox"/>

Licensed and regulated by the Texas Department of Agriculture, Structural Pest Control Service, P.O. Box 12847, Austin, TX 78711-2847, (866) 938-4481 License #TPCL 8092

SIGNATURE ACKNOWLEDGES RECEIPT OF CONSUMER INFORMATION SHEET

Customer _____

- No Warranty
- Two Week Warranty

Marc Ellerl, Owner
Licence #36278 PT



Quality Service at a Budget Price

SUBTERRANEAN TERMITE CONTROL AGREEMENT

Owner: New owners 18327 Blumchmut
Service Address: Austin State: TX Zip: 77058
Mailing Address: _____
Home Phone: (____) _____ Work Phone: (____) _____

INFORMATION PROVIDED PRIOR TO START OF TREATMENT

- Complete graph and description of structure and procedures
- Name and label of pesticide to be used
- Copy of Subterranean Termite Control Agreement
- Consumer Information sheet

Owner's signature below acknowledges receipt of the items checked above.)

PRICE OF TERMITE CONTROL SERVICES

For the total sum of \$ 941.25 (\$ 870 plus sales tax of \$ 71.25)

PROKILL PEST CONTROL has agreed with the owner named herein to treat the property listed above and on the attached graph for Subterranean termites on the following terms:

- \$ 2 upon execution of this Agreement with the balance of \$ 941.25 due upon completion of work.
- \$ 2 upon execution of this Agreement with the balance of \$ _____ to be paid in equal installments of _____
- \$ 2 to be paid on the _____ of each month until the balance is paid in full.
- \$ 2 to be paid in full at closing. (In the event closing is delayed, account is due and payable in full thirty days from the treatment date.)

Payments not received within five days of the due date will be assessed a late fee of \$10.00 plus accruing charges of \$1.00 per day until the account is brought current. Accounts over thirty days are immediately due and payment in full is demanded. In the event account is accelerated, customer agrees to pay all attorney fees, court cost and expenses associated with collecting this debt. Returned check service charge - \$25.00

WARRANTY INFORMATION

- Lifetime Renewable Warranty
- Renewable Warranty up to 20 Years
- One Year Warranty (Information contained herein pertaining to renewal information is not applicable.)
- No Warranty (All information contained herein pertaining to Termite Warranty is not applicable.)

PROKILL warrants all treated area(s) as indicated by the attached graph for one (1) year from the date of treatment against reinfestation of Subterranean Termites. Should any new and or additional infestation to the treated area(s) occur, and be discovered and reported while this warranty is in force, retreatment (if necessary) to such property necessitated thereby will be made at the expense of the undersigned contractor. This warranty is not a damage warranty and is limited to the treatment of reinfested area(s). Soil/mulch line shall remain below the brick line to avoid reinfestation. Should any structural changes be necessary to facilitate retreatment such as, but not limited to, removal of wall boards, flooring or decking, such changes will be done or contracted by the owner at the owner's expense.

This warranty shall remain in force from the contract date noted herein, provided that the undersigned contractor visually reinspects the premises annually and provided that the owner pays the undersigned contractor an annual renewal fee in the amount of \$ 90. Failure to pay the renewal fee within thirty days after the anniversary of the contracted date shall null and void the warranty without the privilege of reinstatement.

If at the time of reinspection, additions or alterations have been made or a structural problem arises to the property, which in the opinion of the contractor constitutes conditions suitable for reinfestation of Subterranean Termites, then such additions, alterations or conditions to said property must be serviced by the undersigned contractor within ninety (90) days of the inspection at the expense of the owner. If this is not done, this warranty shall immediately become void.

No warranty, compensation or guarantee for past, present or future termite damage.
No warranty for above ground infestation.

This warranty is transferable to subsequent owners for a transfer fee of \$50.00.

Inspector: MLL

Owner/Agent: _____

Contract Date: 6-15-20
6-16-20

POST-CONSTRUCTION SUBTERRANEAN TERMITE, DRYWOOD TERMITE & RELATED WOOD DESTROYING INSECT TREATMENT DISCLOSURE DOCUMENT

PEST CONTROL COMPANY:

Name: Prokill TPCL# 5052 Phone: 935-7454
 Address: PO Box 1522 City: Hum State: TX Zip Code: 77568

CUSTOMER:

Name / Contact: new owner Phone: _____
 Address to be Treated: 15327 Blanchmont City: Houston State: TX Zip Code: 77058
 Email: _____ Notes: total price Destint or price Damage inkw

This disclosure document is provided with each written estimate for treatment of subterranean termites, drywood termites, powder post beetles, wood boring beetles or other related wood destroying insects (excluding carpenter ants). For all treatments there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Phone (866) 918-4481

TARGET PEST(S):

Sub Formic

AREA(S) OF ACTIVITY:

PS = See graph

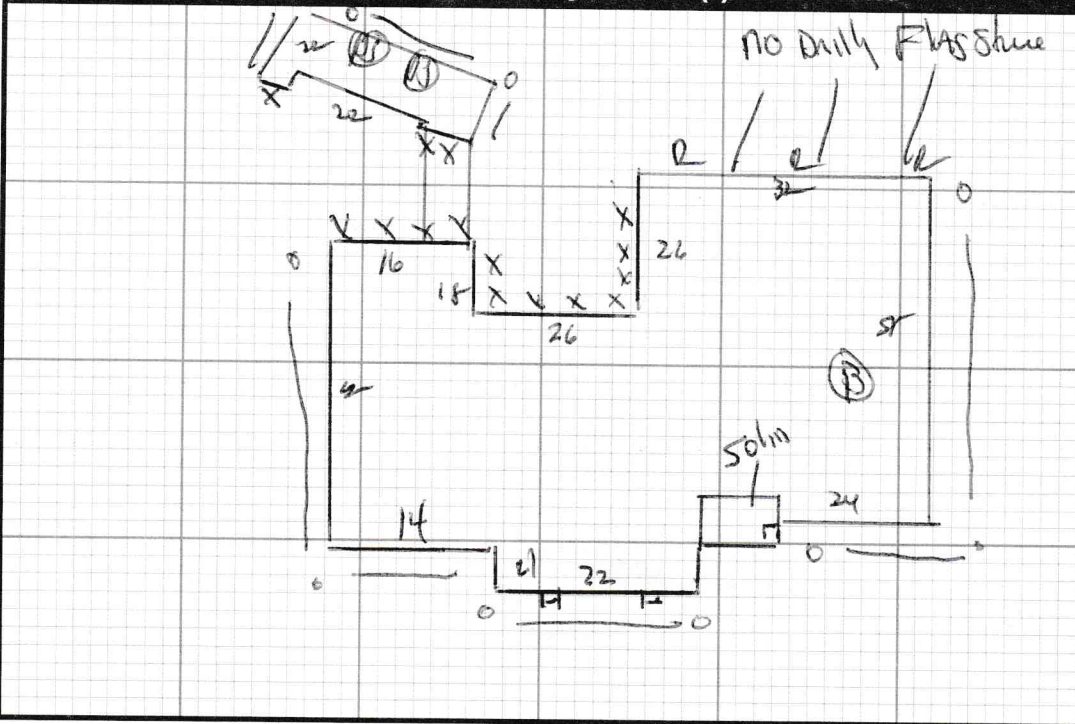
AREA(S) TO BE TREATED:

outside 1 trap

DISCLOSURE DATE & ESTIMATE DETAILS:

6-15-20 Kipp

Diagram of Structure(s) and Proposed Area(s) To Be Treated



Key To Diagram Symbols

Conditions Conducive for Infestation.....	C
Evidence of Infestation.....	E
Evidence of Active Infestation.....	A
Evidence of Previous Infestation.....	P
Evidence of Subterranean Termites.....	S
Evidence of Formosan Termites.....	F
Evidence of Wood Boring Beetles.....	W
Evidence of Powder Post Beetles.....	Y
Evidence of Drywood Termites.....	D
Evidence of Other WDI:.....	V
Areas to be Drilled.....	X
Areas to be Trenched.....	O
Area to be Rodded.....	R
Area Bait Station to be Installed.....	BS
Area Physical Barrier to be Installed.....	BT

CONSTRUCTION TYPE:

- | | | | | |
|--|--|--|---|--|
| FOUNDATION:
<input checked="" type="checkbox"/> Slab
<input type="checkbox"/> Pier and Beam
Pier Type: _____
<input type="checkbox"/> Basement
<input type="checkbox"/> Other: _____ | SIDING:
<input checked="" type="checkbox"/> Wood
<input checked="" type="checkbox"/> Brick
<input type="checkbox"/> Stone
<input type="checkbox"/> Plaster
<input type="checkbox"/> Other: _____ | ROOF:
<input checked="" type="checkbox"/> Composition
<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> Metal
<input type="checkbox"/> Tile
<input type="checkbox"/> Other: _____ | PRIMARY USE:
<input checked="" type="checkbox"/> Residence
<input type="checkbox"/> Public Building
<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial
<input type="checkbox"/> Other: _____ | INACCESSIBLE / OBSTRUCTED AREAS:
<input type="checkbox"/> <u>Attic</u>
<input type="checkbox"/> <u>Pipes</u>
<input type="checkbox"/> <u>SIDING</u>
<input type="checkbox"/> <u>Other</u> |
|--|--|--|---|--|

PROPOSED TREATMENT TYPE & SPECIFICATIONS:

Subterranean Termite Post-Construction Treatment Types: Partial Spot Baiting System Barrier Pier and Beam Slab Construction (See definitions on back side)
 Drywood Termite, Powder Post Beetle, Wood Boring Beetle or other related Wood Destroying Insect Treatment Type: Full Spot (See definitions on back side)
 Approximate measurements of structure(s) to be treated: 382
 A label of T-Bus is attached. The concentration of termiticide or type of treatment to be applied at this location will be 105 %.
 If a baiting system will be installed the minimum number of bait stations will be _____. If a physical barrier will be used, the amount of barrier will be: _____ sq ft - cu ft
Any price Destint or price Damage inkw

WARRANTY & ATTACHMENTS:

Warranty information (if any) including area covered, time period of warranty, renewal options and cost, the obligations of the contracting parties, and conditions that could develop which would void the warranty is attached. If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify):
All Destint Area. A copy of the consumer information sheet has been made available to the appropriate party.

Signature of Certified Applicator or Technician Completing Estimate: [Signature] Printed Name & License #: 6652 Date: _____
 Signature of Customer Verifying Receipt of This Document: [Signature] Date: _____