



# WHITE KNIGHT PEST CONTROL

WWW.WHITEKNIGHTPEST.COM

HOUSTON - 713.589.9637  
TOLL FREE - 1.866.585.4167  
FAX - 512.535.2038

CORPORATE OFFICE:  
1900 FM 967 SUITE A  
BUDA, TX 78610

## WOOD DESTROYING ORGANISM TREATMENT AGREEMENT

This agreement is made between White Knight Pest Control and BUYER as follows:  
11/1/2011 Mon  
Service Date Day Time Map Code State

### SERVICE ADDRESS

Name Robin Delean  
Address 4239 Wells Mark Dr  
City Humble TX 77340  
Home Phone 832-291-7325 State TX Zip Code 77340  
Work Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_  
Service Category \_\_\_\_\_

### BILLING ADDRESS

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_  
Service Category \_\_\_\_\_

### THIS TERMITE CONTROL SERVICE AGREEMENT COVERS:

Wood Destroying Organism (WDO): Treatment will only cover those WDO types specified and paid for by the Buyer.	Cost of Treatment	Payment Terms:	Initial Term: _____ months
Subterranean Termites Full Treatment Conventional / Baiting	\$	Year 1: Down Payment of \$ _____ with _____ Monthly Payments of _____	
Spot Treatment / Partial Treatment	\$ <u>1778.00</u>	(Following first 12 months) _____ monthly payments of _____ beginning _____	
Monitoring System / Warranty	\$	Amount Paid: _____ <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____	
Monitoring Per Year	\$	Type of Card: _____ Acct. # <u>Cardion File</u> Exp. _____	
Installation Fee	\$	I authorize White Knight Pest Control to automatically charge my credit/debit card for this treatment.	
Total Regular Fee	\$	Signature _____	
Discount	\$ <u>177.80</u>	Limited Warranty _____ No Warranty _____	
Sub Total	\$ <u>1600.20</u>	I have read and I accept White Knight Pest Control's terms and conditions, including those listed below and on the reverse side.	
Tax	\$ <u>132.02</u>	Initial _____	
Total	\$ <u>1732.22</u>	Pest Control Customer: Yes _____ No _____	

### TERMS AND CONDITIONS: (CONTINUED ON BACK)

All corrections of infestations or infection covered by this Termite Control Service Agreement will be completed within six (6) months of discovery unless otherwise accepted in writing by both parties.

#### Description of Limited Warranty

White Knight Pest Control will use products registered by the Environmental Protection Agency to control the termites covered and paid for by you, the Buyer. White Knight will treat any and all infestations found for a period of 12 months after the initial treatment/installation. Beginning the thirteenth month following installation, the monthly service fee will be 0, which will continue throughout the remainder of the term of the agreement. Following the initial term of the agreement, White Knight Pest Control will continue to monitor and warranty Labor and Products your home until cancelled with (30) days written notice. The monthly service fee will be 0. This warranty does not include structural repair. Treatment Labor and Product Costs are included in this program. White Knight Pest Control reserves the right to increase the service fee following the initial term of the agreement. White Knight Pest Control will use methods it deems appropriate to control the infestation found. You, the Buyer, agree to make the structure accessible to White Knight Pest Control and its associates for the termite control service inspections. You, the Buyer, or White Knight Pest Control reserve the right to cancel the Termite Control Service Agreement at any time with 30 days prior written notice, but understand that there is a penalty for canceling prior to the completion date of the initial term agreed upon in this agreement. The cancellation fee will be equal to the discount given for the initial 12-month period. No warranty is given for damage done previously or in the future to your structure by any wood destroying organisms.

1 year warranty free, \$150.00 a year, up to 5 years

Licensed and Regulated by Texas Department of Agriculture  
PO Box 12647, Austin TX 78711-2647, Phone (800) 915-4481, Fax (888) 232-2167  
Consumer Information Sheet available upon request or at www.whiteknightpest.com

Russell Grosswiller 0842918

Sales Representative

License #

Homeowner or Authorized Agent

Date

11/1/2011



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BUSH, TX 78660

## Subterranean Termite Post-Construction Treatment Disclosure

Inspector Code

4259

Year

Wells Mark DR

Map Code

77346

Customer Name

Kobin

Wells

Home Phone

402-291-73

Work Phone

Address

Wells Mark DR

City

TX

State

TX

Zip Code

77346

When an estimate or proposal for termite treatment is submitted to a consumer, the pest control company must provide the following written disclosure information. 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 maximum treatment specifications. If you have any questions, contact the pest control company or the Texas Dept. of Agriculture, P.O. Box 12847, Austin, TX 78711-2847. Telephone Number (800) 918-4481 or Fax (502) 232-2787. Documentation that also includes but is not limited to appropriate perimeter measurements of the structure, areas of active or previous termite activity, the concentration of any liquid termiticide application to be used or the minimum number of baiting systems installed on the square footage if a baiter is installed. The consumer is advised to review all this information and the pesticide label for explanations of the proposed treatment and compare this with any other proposal or estimate they may receive.

LOCATION TO BE TREATED: Wells Mark DR

A label of Termidor HE is enclosed

The concentration of any chemical to be applied at this location is 0.125



DESIGNATION KEY		TYPE OF CONSTRUCTION		TYPE OF TREATMENT (check all that apply)		PRIMARY USE	
Evidence of Active Infestation	A	SIDING	ROOF	TYPE	(Refer to Definition of Treatment)	RESIDENCE	PUBLIC BUILDING
Evidence of Previous Infestation	B						
Subterranean Termites	B	Wood	Composition	Par and Beam		Other	
Formosan Termites	F	Brick	Wood Shingles	Partial			
Conductor Condition	C	Stone	Metal	Slats			
Evidence	E	Plaster	Tile	Physical Barrier			
Area to be Treated		Other	Other	Other (specify)			
DRIZZLED	X						
WOODS	H						
TRENCHED	D						
Red Station	00						
Baiter	BT						

INACCESSIBLE / OBSTRUCTED AREAS:

DEFINITIONS OF TREATMENT: A subterranean termite treatment may be a partial treatment or a spot treatment using termiticide, approved physical barriers or a baiting system. These types of treatments are defined as follows:

- PARTIAL TREATMENT:** This technique allows a wide variety of treatment strategies but is more involved than a spot treatment. (See definition below.) Ex. treatment of some or all of the perimeter, both traps, expansion joints, stress cracks, porches of framing, walls and soil locations.
- Full and Beam:** Generally defined as the treatment of the outer perimeter including porches, patios and treatment of the attached garage. In 1 hr treat termite treatment would include any soil to structure contacts as well as removal of any wood debris on the ground.
- Full Construction:** Generally defined as treatment of the perimeter and all known soil penetrations as well as any known expansion joints or stress cracks.
- SPOT TREATMENT:** Any treatment which concerns a limited, defined area less than ten (10) linear or square feet that is intended to protect a specific location or "spot". Often there are adjacent areas susceptible to termite infestation, which are not treated.
- Baiting System:** This type of treatment may include interior and/or perimeter placement of monitoring or baiting systems along with routine inspection intervals. The baiting technique may include one or more baiting locations as prescribed by the product label and instructions.
- Barriers:** If a physical device is used, the square footage of the physical device must be recorded and a diagram describing the installation will be provided.

WARRANTY information provided includes the complete details any warranty provided and the following: - Time Period of the Warranty - Remedial Options and Cost - Obligations of the Contracting Parties - Conditions that would void the warranty - Name of the pest control company responsible for the warranty. If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify)

A copy of the consumer information pamphlet has been made available to the appropriate party. Russell Goswiler 0671661 10/15/2021  
Signature of Certified Applicator or Technician Printed Name EPCL NO. Date

Defend your home.  
Protect your peace of mind.



**Termidor<sup>®</sup> HE**  
Termiticide

THE MOST  
TRUSTED NAME  
IN TERMITE  
CONTROL