

SUBTERRANEAN TERMITE AGREEMENT

Licensed and Regulated Under the Structural Pest Control Act

Customer Name Spelley Skeele Effective Date (Date of Treatment) 5/9/23
Covered Premises 1313 LAKE MILVA CT
Street _____
City Seabrook State TX
Zip Code 77586
Telephone _____

Four Seasons

Termite & Pest Control
Residential ♦ Real Estate Certificate ♦ Commercial
904 Ringold, Houston, Tx. 77091
713.446.4763

Billing Address (if different)
Street _____
City _____ State _____
Zip Code _____
Telephone _____

Structural Pest Control Board

1106 Clayton Lane, Ste 100 LW
Austin, Texas 78723-1066
512.451.7200

This Agreement covers only the premises specified above and can not be transferred to a new address.

This contract allows for Four Seasons Termite & Pest Control FSTPC to treat the above premises for subterranean termites. FSTPC is not responsible for any damage to the above property caused by subterranean termites old or new. FSTPC does guarantee if termite reinfestation is found after initial treatment and all renewal requirements have been met. FSTPC will retreat any area determined to have termite activity with a "spot" treatment as defined on the back of customer graph. any conducive agreement or an increase in annual renewal for following years of service as determined by FSTPC.

The monitoring stations installed on these premises are the sole property of FSTPC and are installed with the home owner's permission to monitor and control the subterranean termites in and around the above premises. FSTPC is not responsible for any damage new or old to the home by subterranean termites. If an infestation does occur FSTPC will treat infested area with a spot treatment as defined on the back of customer graph. Any conducive conditions must be maintained by customer. Failure to maintain conducive condition will result in cancellation of agreement or increase in annual renewal for following years of service as determined by FSTPC.

This agreement, along with associated paperwork constitutes all information required for proper documentation as per Structural Pest Control Board of Texas.

The above agreement, and conditions are for the listed premises only and are not transferable to any other address, but can be transferred to new owner for a \$100.00 transfer fee at same address upon a full inspection by FSTPC.

This agreement is for subterranean termites to include formosan. It does not however include any other insects and it is wholly separate from any other pest agreement with FSTPC. or other pest control companies.

Renewal Requirements.

Customer must maintain home in a reasonable manor and pay close attention to the following conducive conditions.

- | | | |
|--|---|---|
| <input type="checkbox"/> Soil above grade | <input type="checkbox"/> Excessive moisture | <input type="checkbox"/> Stucco below grade |
| <input type="checkbox"/> Earth to wood contact | <input type="checkbox"/> Roof leaks | <input type="checkbox"/> Untreatable crawl |

NOTICE TO BUYER:

1. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT AT THE TIME YOU SIGN IT.
2. DO NOT SIGN THIS AGREEMENT BEFORE YOU THOROUGHLY READ IT OR IF IT CONTAINS ANY BLANK SPACE.
3. BUYER'S RIGHT TO CANCEL: YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. PLEASE SEE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.
4. ALL CONDUCTIVE CONDITIONS MUST BE REPAIRED WITHIN 90 DAYS BY THE CUSTOMER. MAINTENANCE OF CONDUCTIVE CONDITIONS IS THE RESPONSIBILITY OF THE CUSTOMER.


TECHNICIAN'S SIGNATURE


CUSTOMER'S SIGNATURE

Four Seasons

Termite & Pest Control
 Residential • Real Estate Certificate • Commercial
 1826 Lansing Cove Dr., Fresno, TX 77545
713.446.4763

FOR FAST, PROFESSIONAL SERVICE CALL

CUSTOMER INFORMATION		Acct #	SERVICE REQUESTED	
NAME <i>Shelley Steele</i>			<i>Sub-Termite Treatment</i>	
ADDRESS <i>1313 Lake Mya Ct</i>			LEAD SOURCE	
CITY <i>Seabrook</i>	STATE <i>Tx</i>	ZIP CODE <i>77586</i>	CONTRACT	
HOME TEL.	WORK TEL.		Time/Beg:	Comp: Total:
DIRECTIONS				

PEST CONTROL / FLEAS / OTS				
TREATMENT SITES	TREATED with MATERIAL Name (%) & Amt.	INSPECTED SITES	EVIDENCE (Y/N)	TREATED with MATERIAL Name (%) & Amt.
Mulch/Flowerbeds	_____	Foundation	_____	_____
Woodpile/Garbage Area	_____	Crawl Space	_____	_____
Doors/Windows/Eaves	_____	Interior Walls	_____	_____
Attic/Crawl Space	_____	Door Frames	_____	_____
Underneath Appliances	_____	Window Frames	_____	_____
Wall Voids/False Bottoms	_____	Bath Traps	_____	_____
Cracks/Crevices	_____	Attic	_____	<i>104 gal</i>
Drawers/Cabinets/Closets	_____	Other	<i>Y</i>	<i>Terminator SC .04%</i>
Other	_____			
TARGET PESTS	_____			

SALES TECH COMMENTS:
Renew yearly \$150.00 yearly

SERVICE	AMOUNT
1. <i>Sub-Termite Treatment</i>	<i>1440.00</i>
2.	
3.	
4.	
5.	
6.	
7.	
<input type="checkbox"/> Cash	SUB TOTAL <i>1440.00</i>
<input type="checkbox"/> Check	TAX
	TOTAL <i>1440.00</i>

Endorsement hereon acknowledges receipt of and satisfaction for services rendered.
Shelley Steele
 Customer Signature _____ Date _____

I certify the above to be true and an accurate record of my operations.

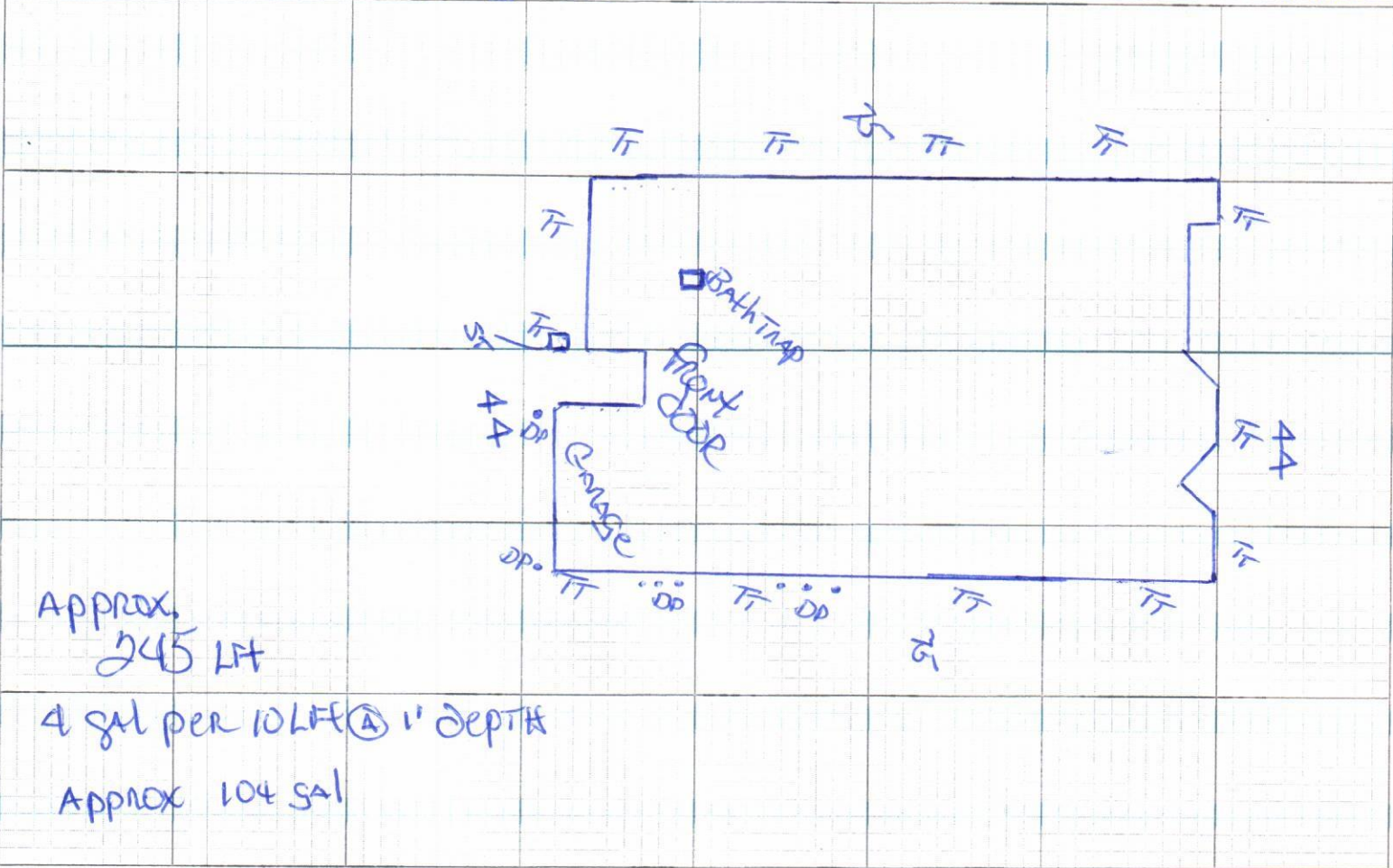
 Technician Signature _____ Date *5/9/23*

CLIENT NAME Shelley Skeele

ADDRESS 1313 MIJA CT.

KEY MAP _____ CROSS ST. _____

PROPERTY ADDRESS 1313 Lake Mija Ct. PHONE _____ DATE 5/9/23



CODE: K = SINK
 SS = SHOWER STALL
 DP = DRILL & PRESSURE TREAT
 Z = PREVIOUS WDI ACTIVITY
 CC = CONDUCTIVE CONDITION

P = COMMODE
 TT = TRENCH & TREAT
 RD = ROD
 Y = WDI DAMAGE
 [Symbol] = BATHTUB

DT = DRYWOOD TERMITES
 X = INSPECTION DOOR
 ST = SUBTERRANEAN TERMITES
 OB = AREA OBSTRUCTED/INACCESSIBLE
 FT = FORMOSAN TERMITES

FOUNDATION
 Monolithic
 Floating
 Supported
 Crawl
 Brick Piers
 Block Piers

SIDING
 Brick
 Wood
 Other

ROOF
 Composition
 Wood Shingles
 Other

APPROX. MEASUREMENT
 Sq. Ft. _____ Lin. Ft. 245 Cu. Ft. _____
 Residential
 Commercial
 Other

CONDUCTIVE CONDITIONS
 Secondary Moisture
 Cracked Slab
 Soil Over Slab
 Other: _____

TYPE OF TREATMENT
 Full
 Partial
 Spot
 Limited
 Bait
 Pre Const.
 Post Const.

TERMITICIDE/FUMIGANT/BAIT
 Label Provided
 Percent to be Used .06%
 Estimated Gallons 104 gal
 Estimated Pounds _____
 Minimum # of Bait Stations _____
 Pre-Treat Only # Tanks _____
 Size of Tanks _____

GARAGE
 Attached
 Detached
 Included
 Not Included
 Garage Only

BATH TRAPS
 Number 1
 We cut? Yes No

UNDERGROUND OBSTACLES/HAZARDS
 Sprinkler System
 Other
 Diagram/Photos Available?

CUSTOMER RESPONSIBILITY: _____

[Signature]
Sales Person Signature

586811
License #

Customers Signature