



P.O. Box 1522
La Marque, TX 77568
TPCL 8092
(409) 935-7454

Quality Service at a Budget Price
SUBTERRANEAN TERMITE CONTROL AGREEMENT

Owner: New own

Service Address: 1106 hayden st

City: Baytown State: TX Zip Code: 77520

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 \$ 1396.43 (\$ 1290 plus sales tax of \$ 106.43)

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:

- \$ _____ upon execution of this Agreement with the balance of \$ 1396.43 due upon completion of work.
- \$ _____ upon execution of this Agreement with the balance of \$ _____ to be paid in equal installments of \$ _____ to be paid on the _____ of each month.
- \$ _____ 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 the collection of this debt. Returned check service charge - \$25.00

WARRANTY INFORMATION

- First 5 years free
- Lifetime Renewable Warranty
- Renewable Warranty up to _____ 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 (1) year from the date of treatment against infestation 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 \$ _____. 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.

[Signature]
Inspector

Owner/Agent

6-3-23 6-7-23
Contract Date

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

PEST CONTROL COMPANY:

Name: Probel TPCL# 5092 Phone: 935-2454
 Address: PO Box 1524 City: Lu State: Tx Zip Code: 77561

CUSTOMER:

Name / Contact: New owner Phone: _____
 Address to be Treated: 1106 Layton St City: Baytown State: Tx Zip Code: 77560

Email: _____ Notes: _____

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):

Formos
AREA(S) OF ACTIVITY:

See graph

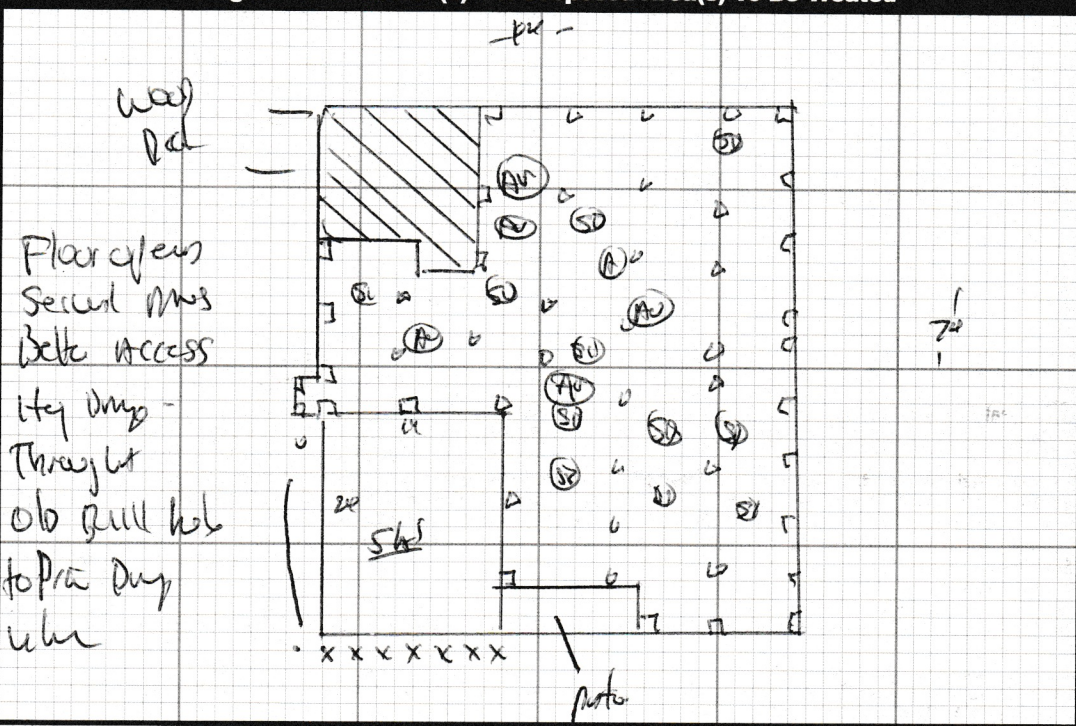
AREA(S) TO BE TREATED:

All pier & ppp
that are accessible

DISCLOSURE DATE & ESTIMATE DETAILS:

6-4-23

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 type="checkbox"/> Slab
<input checked="" type="checkbox"/> Pier and Beam
Pier Type: <u>concrete</u>
<input type="checkbox"/> Basement
<input type="checkbox"/> Other: _____ | SIDING:
<input checked="" type="checkbox"/> Wood
<input type="checkbox"/> Brick
<input type="checkbox"/> Stone
<input type="checkbox"/> Plaster
<input type="checkbox"/> Other: <u>concrete</u> | 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>5-5 Floor</u>
<input type="checkbox"/> <u>low crawl</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: 270
 A label of Thru Se is attached. The concentration of termiticide or type of treatment to be applied at this location will be 12 %.
 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 (circle one)
Very hard to see. Very low crawl. Several mess floor - opens to get better access
old bull hole - to be per day when - Heavy Duty to some mess -

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 rules any 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 #: [Signature] Date: 6-4-23
 Signature of Customer Verifying Receipt of This Document: _____ Date: _____