



**Bulls-Eye Pest & Termite Control, Inc.**  
 P.O. Box 398  
 Montgomery, TX 77358-0398  
 713-222-PEST (7378)  
 www.bulleypest.com



## ESTIMATE

### WOOD DESTROYING ORGANISM TREATMENT

INSPECTION DATE 8-19-24  
 Emergen property AGMT  
 312 Terminal St Unit C  
 Houston TX 77020

ESTIMATE NO. \_\_\_\_\_  
 ESTIMATE STREET ADDRESS (INCLUDE APPLICABLE) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NUMBER OF BUILDINGS AND TYPE: <u>1 Story slab</u>				
WOOD DESTROYING ORGANISM Treatment will only cover those WDO types Specified and paid for by the BUYER.	Treatment based on our inspection that reveals (check one column per organism)			Proposed Cost of Treatment(s)
	Active Infestation	Evidence presumptive of Infestation	Preventative Treatment or Pretreats	Enter Amount
Subterranean Termites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Barrier Soil <input type="checkbox"/>	<u>1,150.00</u>
Drywood Termites	<input type="checkbox"/>	<input type="checkbox"/>	Borate <input type="checkbox"/>	
Wood Borers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Payment is to be received at time of service unless other arrangements are made with Bulls-Eye Pest & Termite Control, Inc. and noted hereon.

Cost of Treatment(s) Specified (from above) \$ 1,150.00  
 Sales Tax (if applicable) ..... 94.87  
**TOTAL PRICE** ..... \$ 1,244.87

NOTES:  
+ Needs power for drilling  
+ possible poison Ivy in area

BULLS-EYE offers a LIMITED GUARANTEE unless "NO GUARANTEE" is checked. See back for details. NO GUARANTEE \_\_\_\_\_

**GUARANTEE RENEWAL OPTION:** If the Treatment(s) specified by the BUYER includes a LIMITED GUARANTEE, payment for the total Treatment(s) includes a one (1) year guarantee as specified on the offer sheet. At BUYER's option and for BUYER's further protection, the guarantee may be renewed annually for additional years after the first year. The RENEWAL FEE for guarantee renewal will be \$ 150.00 per year. The first renewal payment will be due before the end of 9 (month) 15 (year). After three (3) years, the RENEWAL FEE may be modified as specified in Section 3 of the General Terms and Conditions. BULLS-EYE will inspect the property annually while the guarantee is in effect. Owner should call BULLS-EYE office for an inspection appointment.

**FAILURE TO PAY IN FULL -** Bulls-Eye may file a Workmen's & Materialman's lien upon the property or premises treated to secure payment of this debt. If Bulls-Eye finds it necessary to file such lien, additional charges will be added and interest on the unpaid balance will accrue until paid in full.

**LIMITATION OF LIABILITY:** BULLS-EYE does not accept any liability for existing or subsequent damage caused by wood destroying organisms to the property, structure(s), or the contents thereof.

TBA TPC1.0066939, Bulls-Eye Pest & Termite Control, Inc., P.O. Box 398, Montgomery, TX 77358-0398, Phone (713) 222-7378, email [www.bulleypest.com](mailto:www.bulleypest.com)  
 \*Licensed and regulated by: Texas Department of Agriculture, P.O. Box 12847, Austin, TX 78711-2847, Phone (866) 918-4481, Fax (800) 232-2567.\*

If this proposal was made as a result of a home calculation, you the buyer may cancel this transaction at any time prior to midnight of the 3rd business day after the date of this proposal.

**Warning - Pesticides can be harmful. See other side for details.**  
 It is important that you read the entire agreement on both sides before signing.  
 Note: Please refer to both sides of this agreement for all details of any guarantee and general terms and conditions.

ACCEPTED (ACCEPTANCE REQUIRED WITHIN 30 DAYS OF INSPECTION DATE)

William Vandy  
 Inspector 0566939  
 TBA TPC1

BUYER or Authorized Agent of BUYER Date

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

**PEST CONTROL COMPANY:**

Name: Bullseye Pest & Termite Control TPCA# 0566939 Phone: 717-277-7378  
 Address: P.O. Box 350 City: Montgomery State: TX Zip Code: 77376

**CUSTOMER:**

Name: Contact Emerson Property MGMT Phone: \_\_\_\_\_  
 Address to be treated: 310 Terminal St UNIT C City: Houston State: TX Zip Code: 77020

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):**

Subs

**AREA(S) OF ACTIVITY:**

O, E, A, S

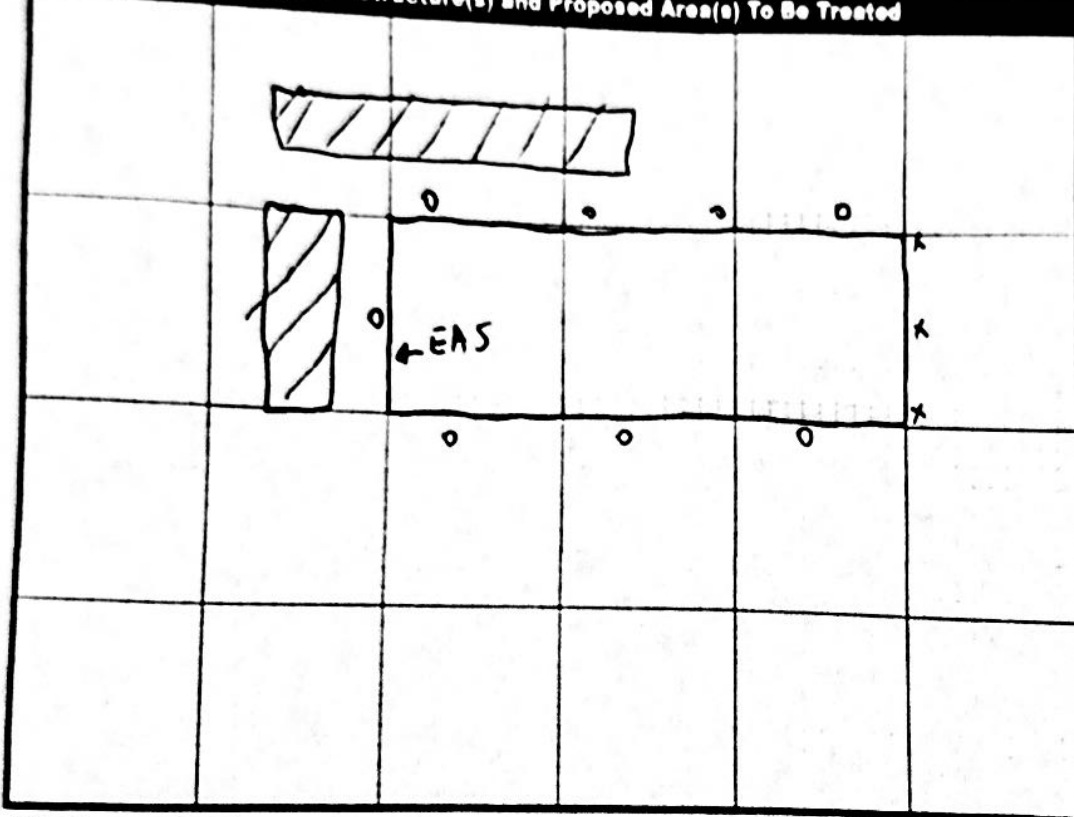
**AREA(S) TO BE TREATED:**

O, E, A, S

**DISCLOSURE DATE & ESTIMATE DETAILS:**

Need power to Drill

**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**

<b>FOUNDATION:</b> <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Pier and Beam Pier Type: _____ <input type="checkbox"/> Basement <input type="checkbox"/> Other	<b>WALL:</b> <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Plaster <input type="checkbox"/> Other	<b>ROOF:</b> <input checked="" type="checkbox"/> Composition <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Other	<b>PRIMARY USE:</b> <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Public Building <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other	<b>INACCESSIBLE / OBSTRUCTED AREAS:</b> <input checked="" type="checkbox"/> <u>Possible poison by a Bark</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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**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: 150 LF  
 A label of Teridor HE is attached. The concentration of termiticide or type of treatment to be applied at this location will be .125% (circle one)  
 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

**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) \_\_\_\_\_  
 A copy of the consumer information sheet has been made available to the appropriate party.

William Vasquez William Vasquez 05/20/09 1/19/29  
 Signature of Certified Applicator or Technician Completing Estimate Printed Name & License # Date Signature of Customer Verifying Receipt of This Document Date