



**Pest Assured**

25152 NW 175<sup>th</sup> LN

High Springs, FL 32643

386-454-8834

**Service Agreement for**

**Eastern Subterranean Termites**


**Effective Date:** 12/21/22


<b>Client Name:</b> JAMES BAKER			
<b>Address:</b> 276 RIVERSIDE AVE			
<b>City:</b> FT WHITE	<b>State:</b> FL	<b>Zip:</b> 32038	
<b>Phone:</b> 386-515-5936			
<b>Email:</b>			

1. This agreement provides for re-treatment of a structure only, with **NO REPAIR OR COVERAGE OF DAMAGES** caused by wood destroying organisms.
2. **Covered Wood Destroying Organisms – Eastern Subterranean Termites ONLY.**
3. **This agreement DOES NOT provide treatment or coverage for Formosan subterranean termites, Dampwood termites or Drywood termites.**
4. Scope of work includes: PRETREATMENT PERFORMED - 7 gallons BORACARE APPLIED 1:1 RATIO AS PER LABEL - INTERIOR AND UNDERNEATH NEW HOME
5. Client agrees to pay for the initial services at the rate of \$2282 plus any applicable sales tax. This service is outlined in the scope of work above. Annual renewal of the agreement is \$ 228. --
6. The initial term of this agreement is one-year and automatically renews for one-year terms. Either party may terminate this agreement with 30-day written notice prior to the end of the current term in effect. **Annual inspection of the structure will be performed upon renewal.**
7. Payment is due upon completion of service installation. Client is responsible for cost of collection of any past due accounts, specifically including but not limited to court costs, expenses and reasonable attorneys' fees.
8. Client agrees to provide Pest Assured access to all areas as may be required to complete the service. Client also agrees to correct any structural issues conducive to pest/termite infestations that are identified by Pest Assured.

**Client**

**Pest Assured Inc.**

  
 Authorized Signature/Date  
James D. Baker

  
 Signature/Date  
TODD YODEN

Printed

Printed

**Notice of Inspection/Treatment attached to:** IN FOLDER