



Team PEST USA Exterminating Co., Inc.

PEST GUARD SERVICE AGREEMENT

America's Pest Prevention Team Since 1971

5TH & PIEDMONT **1 BUILDING 6 UNITS**

Service Name: First Last MI
785 PIEDMONT AVE
 Billing Address:
ATLANTA **GA** **30308**
 City: State Zip:
 Phone # Alt. Phone #:
kyle.waidner@fsresidential.com
 E-Mail:

Service date: 8/19/17 Tech: _____
 Property is under termite coverage with: _____

5TH & PIEDMONT C/O FIRSTSERVICE RESIDENTIAL
 Billing Name:
1235 OLD ALPHARETTA ROAD, SUITE 100
 Billing Address:
ALPHARETTA **GA** **30005**
 City: State Zip:
770-521-2146
 Billing Phone #: Alt. Phone #:
 Email:

Team Pest USA is hereby requested to provide services for general household pest such as: Roaches, Ants, Silverfish, Crickets, Centipedes, Millipedes, Springtails, etc.
 Target Pest: **GENERAL PEST SERVICE**

SERVICE FREQUENCY: QUARTERLY E.O.M. MONTHLY
 WEEKLY OTHER: _____

SERVICE SCHEDULE:

	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
TERMITES												
MOSQ												
FIRE ANT												
SPIDER												

SPECIAL INSTRUCTIONS OUTSIDE ONLY SERVICE. INSIDE SERVICE PROVIDED AT NO ADDITIONAL COST IF ANY ISSUES ARISE IN-BETWEEN NORMAL SERVICE DATES.

PAYMENT INFORMATION

Initial Service Fee: \$ 100.00
 IPM Pest Prevention Fees: \$ 100.00 x 3 Services \$ 300.00
 Mosquito Management Fees: \$ ____ X Services \$ ____
 Fire Ant Service Fees: \$ ____ X Services \$ ____
 Rodent Control Service Fees: \$ ____ X Services \$ ____
 Other Fees: \$ ____
 Subtotal for Services: \$ 400.00
 5% Discount For Year in Advance Payment: \$ ____
TOTAL ANNUAL AMOUNT: \$ 400.00
 LESS DEPOSIT: \$ ____

ADDITIONAL SERVICES:

- Exterior Rodent Control
- Fire Ant Coverage
- Bed Bugs
- Flea/Tick Service
- Mosquito Management
- Other: _____

METHOD OF PAYMENT:

- Cash Receipt # _____
- Credit Card # _____ Exp. Date: _____
- Check # _____

1. Approval for Automatic Withdrawal of Service Fee(s)
Customer Initial: _____
2. Customer Agrees to pay at the time of service
Customer Initial: _____

Customer Signature: *[Signature]* Date: **Aug 19, 2017**
 Address: **5th & Piedmont C&G**

[Signature]
 Pest USA Representative

[Signature]
SP13413
 Reg #/Certi #

BY SIGNING THIS AGREEMENT, THE CUSTOMER AGREES TO ALL TERMS AND CONDITIONS ON THE FRONT AND BACK OF THIS AGREEMENT. THE CUSTOMER UNDERSTANDS THAT TEAM PEST USA AND THE SERVICE IS BOUND ONLY BY THE TERMS SET FORTH ON BOTH SIDES OF THIS AGREEMENT. ANY OTHER REPRESENTATIONS, ORAL OR OTHERWISE UNLESS IT IS IN WRITING ON AN OFFICIAL TEAM PEST USA DOCUMENT. THE CUSTOMER'S ATTENTION IS DRAWN TO THE AGREEMENT AND THE TERMS AND CONDITIONS SET FORTH ON THE FRONT AND BACK OF THIS AGREEMENT.



Team PEST USA Exterminating Co., Inc.
PEST GUARD TERMITE BAITING SERVICE AGREEMENT
America's Pest Prevention Team Since 1971

This contract provides for retreatment of a structure but does not provide for the repair of damages caused by wood destroying organisms.

This contract provides for retreatment of a structure and the repair of damages caused by wood destroying organisms within the limits stated in this contract.

The removal of the bait or baiting system may result in a lack of termite protection.

DATE: 6/2/2017 BRANCH LAWRENCEVILLE PHONE NO 770-985-4444

5TH & PIEDMONT 5TH & PIEDMONT C/O FIRSTSERVICE RESIDENTIAL

BUYER'S NAME (TO APPEAR ON WARRANTY) 785 PIEDMONT AVE BILLING NAME 1235 OLD ALPHARETTA ROAD, SUITE 100

STREET ADDRESS (TO APPEAR ON WARRANTY) ATLANTA GA 30308 BILLING ADDRESS ALPHARETTA GA 30005

CITY STATE ZIP CITY STATE ZIP

PHONE# ALT. PHONE# PHONE# ALT. PHONE#

EMAIL kyle.waidner@fsresidential.com RESIDENTIAL COMMERCIAL CURRENT CUSTOMER FOUNDATION TYPE _____ CONSTRUCTION TYPE (Brick, siding, stucco) _____

SERVICES: Team PEST USA, hereafter referred to as Pest USA (The Company), is hereby authorized to install the Pest Guard Termite Baiting System to the premise(s) described above for Subterranean Termites as shown in the graph and specifications sheet attached hereto. This contract expressly excludes the control or elimination against Drywood Termites, Aerial (above ground) infestation of any kind, or any other Wood Destroying Organisms such as, but not limited to Carpenter Ants, Wood Boring Beetles, Powder Post Beetles, Wood Decaying Fungi, Molds and Mildews.

SERVICE COMMITMENT: The Company shall, in compliance with all applicable federal, state and local laws:
 A. Install Pest Guard™ termite bait stations (the "Stations") in the soil around the perimeter and/or inside the structure(s) specified above (The "Structure(s)").
 B. Monitor those stations as needed during the term of this contract and according to manufacturer's specifications.
 C. During the term of this contract, add termite bait to and remove it from the stations as appropriate.
 D. During the effective period of the Warranty, PEST USA will reinspect the premises at such time as PEST USA may deem necessary.

State regulations require specific treatment standards to be performed for liquid termiticide treatments. As the purchaser, I understand these standards will not necessarily be performed due to the fact that this treatment system is a conceptually different type of termite treatment.

PURCHASER UNDERSTANDING OF PERFORMANCE OF THE PEST GUARD TERMITE BAITING SYSTEM:
 I understand that: Pest Guard (the "System") utilizes a combination of liquid termiticide, foam termiticide, baits and monitoring stations. Intervals of from a few weeks to several months should be expected between:
 A. Installation of the Monitor/ bait Stations and sufficient termite activity to allow additions of termite bait, and addition of termite bait and reduction of the termite colony; and therefore, total time from initial installation to control may vary from structure to structure.
 B. Regular inspections of the property are necessary and the Company will be granted access to inspect the property on a periodic basis.

Additional services such as moisture control, food source management, use of full or spot termiticide and/or use of termiticide foam may be used to combat termite activity.

RENEWAL: This warranty may be renewed for the life of the structure(s), provided that the renewal fee payments are made annually, and upon mutual agreement of the purchaser and Company. The Company reserves the right to adjust the renewal fee after one year. All renewal payments are non-refundable.

IMPORTANT: I have read the explanation of the warranty to be issued, including the limitations and restrictions of the warranty contained on the back of this page. The attached graph, specifications and back of this agreement contain important provisions which are part of this agreement. By signing below, I agree with these terms and conditions.

INITIAL INVESTMENT		METHOD OF PAYMENT	
Initial Treatment	\$ 660.00	BALANCE OF	\$ _____
Other Fees	\$ _____	<input type="checkbox"/> Due Upon Completion	
TOTAL INITIAL COST	\$ 660.00	<input type="checkbox"/> To Be Paid From Closing Proceeds or Within 30 Days, Whichever is First	
Less Deposit	\$ _____	Closing Attorney _____ Phone # _____ Closing Date _____	
<input type="checkbox"/> Ck # _____ <input type="checkbox"/> Cash Receipt # _____		<input type="checkbox"/> Approved Financing _____ Payments @ \$ _____ per month	
<input type="checkbox"/> Credit Card # _____ Exp. Date _____		<input type="checkbox"/> 10% Interest on Balance Financed	
		Renewal Fee (Annually) ... \$ 325.00 Start Date _____	

UPON RECEIVING FULL PAYMENT AND COMPLETING THE INITIAL SERVICE THE COMPANY WILL PROVIDE A FULL TERMITE DAMAGE REPAIR WARRANTY OR A RETREATMENT WARRANTY FOR SUBTERRANEAN TERMITES AS DESCRIBED IN THE PROVISIONS, TERMS AND CONDITIONS SET FORTH ON THE FRONT AND BACK OF THIS AGREEMENT. ALL RETURNED CHECKS WILL BE SUBJECT TO A \$25.00 FEE OR 5% OF THE CHECK AMOUNT, WHICHEVER IS GREATER.

BY: DAVID MCCORD SP13413
 PEST USA Representative Reg# / Cert#

APPROVED BY: [Signature]

X [Signature] - Aug 13, 2017
 BUYER'S SIGNATURE DATE

BY SIGNING THIS AGREEMENT, I THE CUSTOMER AGREE TO ALL TERMS AND CONDITIONS ON THE FRONT AND BACK OF THIS AGREEMENT, IT IS ALSO UNDERSTOOD THAT TEAM PEST USA AND THE SIGNEE IS BOUND ONLY BY THE TERMS SET FORTH ON BOTH SIDES OF THIS AGREEMENT, NOT BY ANY OTHER REPRESENTATIONS, ORAL OR OTHERWISE UNLESS IT IS IN WRITING ON AN OFFICIAL TEAM PEST USA DOCUMENT.

ATTENTION CUSTOMER: THIS AGREEMENT IS NOT BINDING UNTIL APPROVED ABOVE BY A BRANCH MANAGER OR CORPORATE OFFICER.

OFFICIAL WAIVER

Of the Georgia Minimum Treatment Standards for the Control of Subterranean Termites

NOTICE TO PROPERTY OWNERS/AGENT - DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE READ AND SIGNED "CONDITIONS GOVERNING THE USE OF OFFICIAL WAIVER OF THE MINIMUM TREATMENT STANDARDS FOR THE CONTROL OF SUBTERRANEAN TERMITES" IN THIS DOCUMENT. THESE "CONDITIONS" MUST BE CONSIDERED PART OF THIS DOCUMENT. YOU MUST RECEIVE A COPY OF THIS REPORT AND SUPPORTING GRAPH AT TIME OF SIGNING OR SERVICE.

CONDITIONS GOVERNING THE USE OF THE OFFICIAL WAIVER OF THE MINIMUM TREATMENT STANDARDS FOR THE CONTROL OF SUBTERRANEAN TERMITES

- 1. The Official Waiver of the Minimum Treatment Standards for the Control of Subterranean Termites is intended to be used ONLY in situations where it is not possible or practical to meet the minimum treatment standards established by the Georgia Structural Pest Control Commission.
2. The Official Waiver of the Minimum Treatment Standards for the Control of Subterranean Termites is not to be used to bypass the minimum treatment standards nor is it used to notify any agency of government that a termite treatment has been completed.
3. By signing this document the property owner/agent acknowledges that the property identified will not receive a complete minimum treatment.
4. Each "no" must be explained in detail in the area provided on this document as to specifically what areas of the structure do not meet the treatment standards and why it is not possible to meet these treatment standards.
5. All sections of this document must be filled out completely.

Name of Company Team PEST USA
Address of Company 305 West Pike Street, Lawrenceville, GA 30046
Owner of Property 5TH & PIEDMONT C/O FIRST SERVICE RESIDENTIAL
Inspector name and certification/registration number DAVID MCCORD/SP13413
Address of Structure Treated - Note: A separate Official Waiver is required for each individual structure. 785 PIEDMONT AVE ATLANTA, GA. 30308
Phone Number of Property Owner/Agent 678-624-9453

Indicate with a check mark those items that do NOT meet the minimum treatment standards.

SECTION ONE - TERMITE CONTROL

SOIL TREATMENTS - Note: For defined post construction soil treatments and Preconstruction soil treatments, only items #1, 2 and 3 are applicable

Type of Treatment: Check One

- Comprehensive post construction soil treatment
Defined post construction soil treatments
Pre-construction soil treatment

Date Job Completed

- 1. All debris removed
2. Wooden contacts removed or insulated
3. Crawl space clearance 18" inches or greater
4. Foundation adequately drilled/treated
5. Voids adequately drilled/treated
6. Earth filled porches adequately drilled/treated
7. Contiguous slabs adequately drilled/treated
8. Slabs at/above grade adequately drilled/treated
9. Monolithic slabs adequately treated
10. Termite tunnels removed

NO
[Handwritten checkmarks for items 1-10]

Non Soil Pesticide, Device, Bait or Baiting System - Note: All items pertain to both post-construction and pre-construction applications

Date Job Completed

- 1. All debris removed
2. Wooden contacts removed
3. Crawl space clearance 18 inches or greater
4. Barrier or baiting system installed consistent with label directions

NO

[Handwritten checkmarks for items 1-4]

Explain in detail what areas of the structure do not meet treatment standards and why it is not possible to meet these treatment standards. Also, attach a graph indicating the area(s) that were not treated to minimum standards. Failure to attach a graph and provide detailed written explanation will void this document. Use other side if necessary. #2 Siding within 6" of soil, not going to correct to preserve the

aesthetics of the structure. #4 Area of structure not able to install baiting system to minimum treatment standards due to concrete slab and possibly hitting any electrical lines under concrete.

The signing of this document does not affect the terms and conditions of the termite warranty with Team Pest USA and the homeowners of the community.

Signature of Property Owner/Agent [Signature] Date Aug 18, 2017

Revised 10/14 - Replaces all previous editions

Todd Madison
President - COA 5th + Piedmont