

~~Ask if any cost for additional treatments~~



PEST PREVENTION AGREEMENT

FSP NO.

CO 06
13579

Email Address: customercare@masseyservices.com
Website: MasseyServices.com
Phone: 1-888-2MASSEY (262-7739)

First Name: LAKES WINDERMERE MI Last Name: JEYQH LILIAN MANAGEMENT.
 Address of Treated Structure: 6866 NORTHWICH DR. Cell Phone: 6972 LAKE GLORIA BLVD.
 City: WINDERMERE, FL. State: ORANGE County: 34786 Billing Address (if different): OKLANDO FL 32809
 Home Phone: () Business Phone: (407) 233-3520 Name (Agent): JILL RYGH Phone: ()

Service Center 88 Phone # (407) 403-6506 Route # 88-03 Grid # _____ Service Day _____

- I. SCOPE OF SERVICE:**
- A. SERVICES WILL BE PROVIDED FOR: Roaches, Ants, Spiders, Silverfish, Rats, Mice, Interior Fleas and Ticks. (other) _____
- B. MASSEY AGREES:
- Initial Exclusionary Service:**
 - To eliminate any existing pest activity inside your home.
 - To provide exclusionary pest prevention services to eliminate avenues of pest access into your home.
 - To identify and correct conditions, avenues and sources conducive to pest infestation.
 - Expanded Perimeter Service:**
 - To return the month following your Initial Service to provide an Expanded Perimeter Service that will seek out and eliminate pest populations developing away from the foundation, thus, creating a preventive zone on your property.
 - To provide expanded exclusionary services to prevent pest development within the preventive zone.
 - Regular Scheduled Service:**
 - To provide quarterly service outside your home to identify and eliminate conditions, avenues and sources that will prevent pest entry and infestation.
 - When a pest sighting occurs inside your home, Massey will immediately schedule additional service and guarantees to provide that service at your convenience, within 24 hours, at no additional cost to you.
- C. CUSTOMER AGREES:
- To make the premises available for inspection and service in order to maintain the effectiveness of our Pest Prevention Program and the integrity of our guarantee.
 - To assist in correcting existing and potential conditions, avenues and sources of pest entry and infestation.
 - To contact MASSEY for additional service when pest sightings occur inside the home.
- II. TERMS OF AGREEMENT:**
- A. This agreement will be in effect for an original period of thirteen months and shall renew itself on a quarter-to-quarter basis thereafter, unless written notice is given by either party thirty (30) days prior to the anniversary date of the Agreement.
- B. If customer becomes dissatisfied with MASSEY'S service, or relocates during the initial one year period, the CUSTOMER may cancel this Agreement by giving thirty (30) days written notice.
- C. MASSEY reserves the right to adjust the service charge any time after the second year.
- III. ALLERGIES AND SENSITIVITIES:** If you or any occupants are prone to allergic reactions or sensitivities to dust, pollen, odors, chemicals, solvents, etc., or suffer from any respiratory illness, you should consult your physician before any service is performed on your property.
- IV. SPECIAL TERMS AND CONDITIONS:** This Agreement is subject to the Special Terms and Conditions outlined on the reverse side hereof.

SPECIAL INSTRUCTIONS/NOTATIONS: POOL RESTROOMS AND TOWER IN FRONT of NEIGHBOR HOOD

CUSTOMER SERVICE PREFERENCES: (1st Choice) _____ (2nd Choice) _____
 Choice of Service Schedule: Day _____ / Time _____ [and] Day _____ / Time _____
 Permission to Provide Outside Service When Not At Home: Customer Initials YES NO _____
 Location to Leave Service Report After Each Service: _____

| SERVICE CHARGES: | | 2nd Year Guaranteed Rate: | |
|---|------------------|--|------------------|
| | 1st Year: | | |
| Total Annual Amount | \$ <u>380.00</u> | Total Annual Amount | \$ <u>380.00</u> |
| 5% Discount for Annual Payment in Advance | \$ (_____) | 5% Discount for Annual Payment in Advance | \$ (_____) |
| Discounted Annual Amount | \$ _____ | Discounted Annual Amount | \$ _____ |
| Initial Exclusionary Service Charge | \$ <u>95.00</u> | Quarterly Service Charge | \$ _____ |
| Expanded Perimeter Service Charge | \$ _____ | METHOD OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ | |
| Quarterly Service Charge X 3 | \$ <u>285.00</u> | Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express | |
| Amount Remitted with Agreement | \$ _____ | <input type="checkbox"/> Auto Bill Pay* _____ Initials _____ | |
| | | Account # _____ Exp. Date _____ | |
| | | Authorization # _____ | |

DANIEL ROBERTSON 1/23/17
 MASSEY Representative Date of the Agreement
 WINDERMERE 4085-B L.B. MCCLEOD
 Service Center Address
 General Manager Approval _____ Date _____

You, the Buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction, by giving written notice of cancellation by registered mail to MASSEY SERVICES, INC.
 _____ 2/14/17
 Customer Signature Date