

(813) 239-1790  
Fax: (813) 239-0168  
www.haskell-termite.com



# DRYWOOD TERMITE TREATMENT

1519 W. Hillsborough Ave.  
Tampa, Florida 33603

ESTIMATE DATE: 5-9-17

## Termite and Pest Control, Inc.

### Purchaser

### Service Address

#### Eastwood Shores VI c/o Ameritech

Owners Name

**24701 US-19 N, Suite 102**

Owner's or Authorized Agent's Address

**Clearwater, FL 33763**

City State Zip Code

**727-726-8000**

Phone Number

Fax

Cell

#### Eastwood Shores VI c/o Ameritech

Authorized Agent/Company (if any)

**2945 Bough Ave**

Street Address of Property to be Treated

**Clearwater, FL 33760**

City State Zip Code

**One 2-story Condo Bldg**

Structures to be Treated

### Description of Services to be Provided by the Company

**Drywood Termite Treatment:**

**Vikane Fumigation-**

Treatment Method/ It Spot Treatment - Area to be Treated

**Control**

Control vs. Prevention of Infestation

**TBD**

Date of Initial Treatment

Cost of Treatment: \$ **1795.00**

Sales Tax: \$ **-0-**

Total: \$ **1795.00**

Deposit: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

#### LIMITED WARRANTY FOR RETREATMENT ONLY; NO REPAIRS

1 Year Limited Warranty  5 Year Limited Warranty  Lifetime Limited Warranty  No Warranty

**Annual Cost of Limited Warranty \$198.00**

The Company reserves the right to increase Annual Cost of Limited Warranty by 5% per year

### Method of Payment

Cash  Check: # \_\_\_\_\_  Other: \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

### SEE REVERSE SIDE FOR DISCLAIMERS, LIMITATIONS, CONDITIONS, OR EXCLUSIONS ON OUR OBLIGATION TO RETREAT AND YOUR LIMITED WARRANTY

Owner or Authorized Agent acknowledges the terms and conditions on the back of this agreement and agrees to accept the services rendered by the Company subject to, and to pay the Total Cost of Treatment in accordance with, those terms and conditions.

Haskell Termite and Pest Control, Inc.

\_\_\_\_\_  
Owner or Authorized Agent's Signature

By: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title (if applicable)

**Eric Foreman 727-641-9981**

Print Name of Authorized Agent

\_\_\_\_\_  
Date of Signature