

6-1-23 - Gave Doug ok for new bait traps @ \$38/each



P.O. Box 238, Venice, FL 34284-0238
 office: (941) 493-3030 or (941) 488-8797
 www.venicepestcontrol.com

TARGET PEST PROTECTION

MONTHLY
 *Subject to ___ % Sales Tax

Initial Service: \$ _____
 Periodic Service \$ _____ x 11 = \$ _____
 First Year Fees: \$ _____
 Prepay Discount: * \$ _____
 Prepay First Year Fee: * \$ _____

EVERY OTHER MONTH
 *Subject to ___ % Sales Tax

Initial Service: \$ _____
 Periodic Service \$ _____ x 5 = \$ _____
 First Year Fees: \$ _____
 Prepay Discount: * \$ _____
 Prepay First Year Fee: * \$ _____

QUARTERLY
 *Subject to 7 % Sales Tax

Initial Service: \$ 135,144.45
 Periodic Service \$ 144.45 x 3 = \$ 433.35
 First Year Fees: \$ 577.80
 Prepay Discount: * \$ _____
 Prepay First Year Fee: * \$ _____

*Prepay Discounts only available on Cash or Check payments.

Amount Remitted \$ _____
 # _____

Venice Pest Control has client's key for access:
 Yes No

VENICE PEST CONTROL, INC. GUARANTEE
 If, during the regular contracted periodic treatments you are not completely satisfied with the results, we will return to treat the target area again at no additional charge. Should the problem persist, we will continue to work to solve the problem to your satisfaction, or we will refund the cost of your last periodic service at your request.

6-5-23
 DATE SUBDIVISION-AREA _____

SERVICE DAY _____ TECH _____

LEAD SOURCE _____

REFERRED BY _____

SALES CONSULTANT DOUG KOVACEVSKI

WHITE - Customer Copy YELLOW - File Copy

SERVICES TO BE PERFORMED ACCORDING TO THE FOLLOWING SCHEDULE:

(circle month service to start) ASAP

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
		<u>X</u>			<u>X</u>			<u>X</u>			<u>X</u>

STRUCTURAL DESCRIPTION Square Feet _____ No. of Units _____ Classification (*Subject to State & County Sales Tax):
 Condominium Office Complex* Residential Multi-Family Manufacturing* Hotel/Motel* Retail* Restaurants*

Client's Reason/Target Pest: RETAIL 15

Client's Menu of Services:

- First service - interior, perimeter & attic. Next three services perimeter unless interior is requested or needed.
 - Install _____ Insect Bait Stations* Interior & perimeter Insect Bait Stations Only* Perimeter Only
 - Interior Only Rodent Bait Boxes _____
- * Stations are the property of Venice Pest Control

SERVICE LOCATION

SAME AS SERVICE LOCATION **BILL TO**

ROBERT DICAPRIO
 FIRST M.I. LAST
602 IRONWOOD CIR
 STREET ADDRESS APT.#
VENICE FL 34292
 CITY STATE ZIP
401-744-6925
 PHONE ALTERNATE PHONE

 FIRST M.I. LAST

 STREET ADDRESS APT.#

 CITY STATE ZIP

 PHONE ALTERNATE PHONE

EMAIL ADDRESS: _____ EMAIL INVOICE: YES NO

SERVICE MESSAGES: RETAIL 15 RODENT BOXES 90% EACH QUARTERLY SERVICE

- TERMITES are a structural problem and cannot be included in this agreement.
- RODENTS are a structural problem and cannot be included in this agreement.
- FLEA AND TICK CONTROL cannot be included in this agreement, but can be provided for additional charges.
- GERMAN ROACHES included Yes _____ No _____

This agreement is made for a minimum of 12 months with automatic annual renewals.
 This agreement will automatically renew if not cancelled by: 6-1-24 RD
Date Client's Initials

I agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, attorney fees, court costs, collection agency fees and interest at the rate of 18% per annum (1.5% per month).

I HEREBY AUTHORIZE VENICE PEST CONTROL, INC. TO USE THE TYPE OF CHEMICALS AND/OR COMPOUNDS WHICH IT MAY DETERMINE NECESSARY TO CONTROL INFESTATION.

Robert S. Caprio 6-5-23
 OWNER (Authorized Agent) DATE
DOUG KOVACEVSKI 6-5-23
 VENICE PEST CONTROL CONSULTANT 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.