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# FAX

DATE:

TO: John Rowl

FAX: 874-8949

PHONE:

Attn:

cc:

RE:

Downtown Properties  
272 Cumberland Ave.  
Portland, Me 04101

Messages:

John,

I've attached a copy of the signed Agreement with Ron Johnson. We will treat all 36 Rooms and follow up 2 weeks later. We will then service this building every month on a maintenance program



Number of pages including cover sheet: \_\_\_\_\_

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For bedbug. He can have people living in this building. If you have any questions please feel free to call me

Thank you Terri

# 111695

Service Address	Billing Address
Client: <u>Mountain Properties</u>	Client: _____
Street: <u>223 Cumberland Ave</u>	Street: _____
City: <u>Portland</u> St: <u>ME</u> Zip: <u>04101</u>	City: <u>Same</u> St: _____ Zip: _____
Phone: <u>653-8018</u> Fax: <u>781-3471</u>	Phone: _____ Fax: _____
Contact Name: <u>Ron Johnson</u>	Contact Name: _____
Email: _____	Email: _____
<input type="checkbox"/> Multiple Locations: attach location listing	

Program	Service Scope	Service Frequency	Service Restrictions
<input type="checkbox"/> ECOCARE Platinum	<input type="checkbox"/> Crawling Insects & Rodents*	<input checked="" type="checkbox"/> Monthly	Days _____ Time _____
<input type="checkbox"/> ECOCARE Gold	<input type="checkbox"/> Drain Force	<input type="checkbox"/> Twice per month	<u>1st month</u>
<input type="checkbox"/> ECOCARE Silver	<input type="checkbox"/> Insect Light Traps	<input type="checkbox"/> Weekly	<u>treats 60 rooms</u>
<input type="checkbox"/> ECOCARE Academic	<input checked="" type="checkbox"/> <u>Bed Bugs</u>	<input type="checkbox"/> Twice per week	<u>Follow up 2 weeks later</u>

\* EXCLUDED PESTS ON REVERSE SIDE OF AGREEMENT

Exterior Treatments	Initial Equipment
<input type="checkbox"/> Spring	TYPE _____ NUMBER _____ FEE _____
<input type="checkbox"/> Summer	TYPE _____ NUMBER _____ FEE _____
<input type="checkbox"/> Autumn	TYPE _____ NUMBER _____ FEE _____
Total \$ _____	Total \$ _____

Service Fee	Method of Payment
Initial Pest Service: (ONE TIME CHARGE) <u>2500.00</u>	<input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> A/C
Initial Equipment (FROM ABOVE): _____	Exp: _____ Card # _____
Pest Management Service: (x 11 ) <u>\$200.00*</u>	Card Holder Signature: _____
Service Duration: <u>up to 10 Rooms</u>	<input type="checkbox"/> 5% Discount for Year in Advance
ILLI Service: _____	<input type="checkbox"/> Cash Payment <input type="checkbox"/> Check Payment # _____
Drain Force Service: _____	<input type="checkbox"/> EFT From Bank Account:
Exterior Treatments (FROM ABOVE): _____	Bank Account #: _____
Total <u>to start</u> <u>\$2500.00</u>	Routing #: _____
Amount Paid With Agreement: _____	<input type="checkbox"/> Monthly Invoice - NEW CLIENTS MUST COMPLETE CREDIT APPLICATION
	<input checked="" type="checkbox"/> Monthly Invoice - Current Client Account #: <u>111695</u>

**Service Guarantee**  
 If an emergency problem arises from the pest(s) covered under this agreement, additional service will be provided without charge during normal working hours, 5 a.m. to 5 p.m. Monday through Friday. A current balance, maximum 30 days, must be maintained and all scheduled service visits must be performed or charged for Modern's Money Back and Service Guarantees to remain in effect.

**Terms of Agreement**  
 This agreement will be in effect for an original period of one (1) year, and shall renew itself on a month-to-month basis thereafter until written notice is given by either party 60 days notice of cancellation. Terms transfer to all successors and assigns. If service is discontinued before expiration date, the client agrees to a cancellation fee of one-half the regular services remaining under this agreement. Modern is not responsible for insect or rodent damage to products or contents at the premises.  
 \* If Modern determines additional regular service time is required, Modern may increase service fee by providing 15 days written notice to client.

Modern Authorization	Client Acceptance
Printed Name: <u>Tara Polak</u>	Printed Name: <u>Ron Johnson</u>
Title: <u>Sales Representative</u>	Title: _____
Signature: _____	Signature: _____
Date: <u>5/23/07</u>	Date: <u>5/23/07</u>



THIS OFFER SUBJECT TO RE-EVALUATION IF NOT ACCEPTED WITHIN 30 DAYS.