



ECOCARE Service Agreement

Wed. 10:00
137063

Service Address
 Client: Ayman Korika
 Street: 144 Veranda St
 City: Portland St: ME Zip: 04103
 Phone: 347-9995 Fax: _____
 Contact Name: Aymana or Charli
 Email: _____

Billing Address
 Client: Ayman Korika
 Street: 160 Weatherford bridge St
 City: Westbrook St: _____ Zip: 04097
 Phone: _____ Fax: _____
 Contact Name: _____
 Email: _____

Multiple Locations: attach location listing.

Program	Service Scope	Service Frequency	Service Restrictions	
			DAYS	TIME
<input type="checkbox"/> ECOCARE Platinum	<input checked="" type="checkbox"/> Crawling Insects & Rodents*	<input checked="" type="checkbox"/> Monthly		
<input type="checkbox"/> ECOCARE Gold	<input type="checkbox"/> Drain Force	<input type="checkbox"/> Twice per month		
<input checked="" type="checkbox"/> ECOCARE Silver	<input type="checkbox"/> Insect Light Traps	<input type="checkbox"/> Weekly		
<input type="checkbox"/> ECOCARE Academic	<input type="checkbox"/> _____	<input type="checkbox"/> Twice per week		

* EXCLUDED PESTS ON REVERSE SIDE OF AGREEMENT

Exterior Treatments

Spring _____

Summer _____

Autumn _____

Total \$ _____

Initial Equipment

Monitor ^{TYPE} NUMBER 30600 \$ 18.90

KTO _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

18.90 Total \$ 18.90

Service Fee

Initial Pest Service: (ONE TIME CHARGE) 500.00

Initial Equipment (FROM ABOVE) 18.90

Pest Management Service: (x 11) \$ 735.00

Service Duration: 60 minutes

ILT Service: _____

Drain Force Service: _____

Exterior Treatments (FROM ABOVE): _____

Total \$ 518.90

Amount Paid With Agreement: _____

Method of Payment

Credit Card

Exp: _____ Card # _____

Card Holder Signature: _____

5% Discount for Year In Advance

Cash Payment Check Payment # _____

EFT From Bank Account:

Bank Account #: _____

Routing #: _____

Monthly Invoice - NEW CLIENTS MUST COMPLETE CREDIT APPLICATION

Purchase Order #: _____

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. I have read and understand all of the terms on the reverse side of this agreement.

* If Modern determines additional regular service time is required, Modern may increase service fee by providing 15 days written notice to client.

Initials: AK

Modern Authorization

Printed Name: Paul R. Morin

Modern Signature: Paul R. Morin

Title: Sales Mgr

Date: 4/18/08

Client Acceptance

Printed Name: Ayman Korika

Title: _____

Date: 4.22.08

Client Signature: [Signature]