



Service Date: ___ / ___ / ___ Map Code: _____ Route # _____
 This property is under termite coverage with: _____

**SERVICE AGREEMENT FOR INTEGRATED PEST MANAGEMENT,
 FIRE ANT CONTROL AND MOSQUITO MANAGEMENT**

Kingsley Creek HOA
 Account Name, Last First Middle
93033 Sandown Dr
 Service Address, Number Street
FL 32034
 City State Zip Code
904-225-3147
 Service Phone Home Work
mmolineaux@evergreen-lm.com
 Cell Phone Email Address
Pool deck Area & entire property
 Tenant Person to Contact

Kingsley Creek HOA
 Billing Name C/O EVERGREEN Lifestyles Management
 Billing Address, Number Street
10301 DEERWOOD PARK BLVD. SUITE 3200
 City JACKSONVILLE State FL Zip Code 32256
 Billing Phone Home Work
904-327-1499 mmolineaux@EVERGREEN-
 Cell Phone Email Address LM.COM

Attention (Property Manager / Commercial Accounts Manager)
Michael Molineaux

IPM PEST CONTROL: Services to be rendered for the control of roaches, ants (excluding fire ants, carpenter ants and white-footed ants), silverfish, earwigs, house crickets, scorpions, pill bugs, millipedes, centipedes, mice and other crawling pests (excluding brown recluse, black widow spiders and bed bugs).

Special Instructions: Pool deck area & Bldg
 Service Frequency: Quarterly Other: _____

MOSQUITO CONTROL: Services to be rendered to greatly reduce the population of mosquitoes on your property. Nader's Pest Raiders (the COMPANY) will treat your property per the schedule below by applying products to mosquito nesting and harborage areas on your property.

Special Instructions: _____ Treatment Area: _____
 Service Frequency: Monthly Other: _____

FIRE ANT (Pest Control Service Required): Services to be rendered to greatly reduce the population of fire ants on your property. The COMPANY will treat your property per the schedule below by applying products to fire ant nesting and harborage areas on your property.

Special Instructions: Pool deck / Parking lot / Entire Property Treatment Area: _____
 Service Frequency: Quarterly Other: _____
Area behind fence at rear of Property

Graph Attached Other Instructions: _____

	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
IPM PEST												
MOSQ												
FIRE ANT												

SERVICE SCHEDULE: Customer agrees to allow scheduled appointments for service. In the event a scheduled appointment can't be met due to unexpected circumstances, the customer acknowledges that exterior treatments may be rendered to prevent a lapse in ongoing pest protection. Initials _____

SERVICE FEES:

One-time Start Up Fee \$ _____
 IPM Pest Control Service Fee \$ 85.4 x 4 services. \$ 340.00
 Mosquito Control Service Fees \$ 0.00 x _____ services \$ _____
 Fire Ant Service Fees \$ 75.00 x 4 services \$ 300.00
 Other..... \$ _____
 Sub Total For Services..... \$ 640.00
 5% Discount For Year in Advance Payment..... \$ _____
 Sub Total Of This Service Agreement..... \$ _____
 Sales Tax (If applicable) _____ %..... \$ _____
TOTAL AMOUNT..... \$ 640.00
 Amount Due with Agreement..... \$ _____

METHOD OF PAYMENT: Cash Check Credit Card

COMPANY SERVICE GUARANTEE

ACCEPTED IN ALL ITS TERMS AND CONDITIONS without limitations, it being specifically understood that the COMPANY and the undersigned will be bound only by the terms set forth in this agreement and not by any other representations, oral or otherwise. This agreement is not binding until approved by the Service Center Manager.

Company Info: Date: 5 / 13 / 21
 Address: 96014 Chester Rd
 City: Juleb
 State: FL Zip: 32097
 Phone: 904-225-9485

Accepted By: Date: 5 / 13 / 21
Michael Molineaux
 Buyer / Authorized Agent
Leon Palm
 COMPANY Representative

COMPANY Service Center Manager