



TOLL FREE:
888-SWARMS-9
 888-792767-9
 www.orrpest.com
 36 Wedgewood Drive
 Danbury, CT 06811
 CT LIC. # B-1777

Time In:		Service Date:	
Time Out:			
Service Fee:		Amount Collected:	
Home Phone:		Work Phone:	

One time Service Report & Agreement Initial Service Extra Service Reg. Service Advance Check Proposal

Billing Address	Service Address

PESTS SERVICED FOR:	MATERIALS USED	EPA REG #	%	AMT.	RODENT BAIT STATIONS	#
<input type="checkbox"/> Carpenter Ants	1) Phantom	241-392	0.50		Int. Mouse	
<input type="checkbox"/> Mice/Rats	2) Advance C/A Bait	499-370	.011		Rat	
<input type="checkbox"/> Roaches	3) Conrac Blox	12455-79	.005		Ext. Mouse	
<input type="checkbox"/> Wasps/Hornets	4) Delta Dust	432-772	.05		Rat	
<input type="checkbox"/> Carpenter Bees	5) ULD BP 50	499-453	.50		Mechanical Control Materials	
<input type="checkbox"/> Termites	6) Advance CTB II	499-500	.25		H: Hand Sprayer	
<input type="checkbox"/> Bed Bugs	7) Termidor SC	7969-210	.06		D: Duster	
<input type="checkbox"/> Spiders	8) Bedlam Insecticide	1021-1767	.40		A: Aerosol	
<input type="checkbox"/> Centipedes					S: Syringe	
<input type="checkbox"/>					TR: Trench/Rod Soil	
<input type="checkbox"/>					SS: Sub-Slab Injection	
<input type="checkbox"/>					PS: Pressurized Rig	

CODES: BS-BAIT STATION C-CRACK & CREVICE B-BAND 3' S-SPOT V-VOID G-GENERAL T-TRAP ST-SPACE TREATMENT

	Inspected		Treated			Inspected		Treated						
Kitchen	1C	2C	5C	<input type="checkbox"/>	<input type="checkbox"/>	Garage	1S	2C	5C	6C	<input type="checkbox"/>	<input type="checkbox"/>		
Bathrooms	1C	2C	5C	8S+C	<input type="checkbox"/>	<input type="checkbox"/>	Porches	1S	2C	5C	6C	<input type="checkbox"/>	<input type="checkbox"/>	
Living Areas	1S	2C	5C	8S+C	<input type="checkbox"/>	<input type="checkbox"/>	Out Building					<input type="checkbox"/>	<input type="checkbox"/>	
Basement	1S	2C	5C		<input type="checkbox"/>	<input type="checkbox"/>	Exterior	1G	3B	5C	6S	7-S	<input type="checkbox"/>	<input type="checkbox"/>
Attic	1S	2C	5C		<input type="checkbox"/>	<input type="checkbox"/>	Other						<input type="checkbox"/>	<input type="checkbox"/>
Crawl Space	1S	2C	5C		<input type="checkbox"/>	<input type="checkbox"/>	Other						<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTRUCTIONS/ADDITIONAL COMMENTS

Termite Bait System Check Results:

Active Stations #'s: _____

Bait Added

New Installation

Stations Not Found #'s: _____

No Activity Seen

Supervisor's Name & Number THOMAS ORR S2728	Technicians Name & Number
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The following section is not applicable for existing accounts.

For the sum of \$ _____ plus \$ _____ tax, (TOTAL COST: \$ _____), we will provide service for all of the pests listed above. This service is guaranteed for an initial period of _____ and may then be converted within 30 days to a continuous service for \$ _____ per _____ plus tax. I have received a copy of the manufacturer's specimen labels of the pesticides to be used.

Customers initials

Technician Signature & Operator # _____ Date _____ Customer Signature _____ Date _____