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Amount Collected	Cash <input type="checkbox"/> Check <input type="checkbox"/>
	Check #

36 Wedgewood Drive
Danbury, CT 06811



**TERMITE
INSPECTION & TREATMENT
EXPERTS**
www.orrpest.com
888-SWARMS-9
888-792767-9
CT LIC. # B-1777

Termite Service Plan

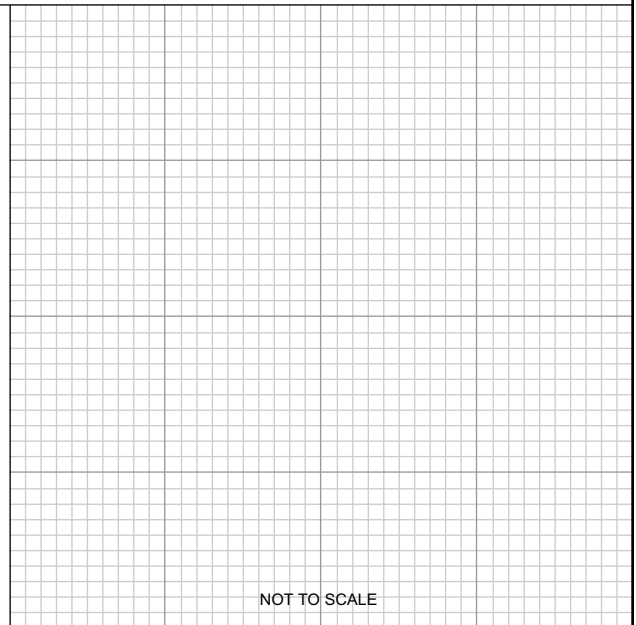
Purchaser

Location

Orr Pest Control will provide service to the identified property against the attack of subterranean termites (*Reticulitermes* sp., *Heterotermes* sp.) per specifications checked below.

The inspection graph dated _____ and the conditions on the reverse side are part of this plan.

- I-10 Drill & treat wood members up to point of run off
- I-19 Drill & Treat Hollow Block Wall
- I-20 Drill & Treat Slab Inside
- E-19 Drill & Treat Slab Outside
- E-20 Install Advance® in ground bait stations: # _____
- E-21 Trench & Rod Perimeter Soil
- E-22 Drill & Treat Porch/Steps/Patio
- _____
- _____



This plan will be in effect upon service completion through _____ for the sum of \$ _____ plus \$ _____ tax for a total of \$ _____. Orr Pest Control will extend service annually for \$ _____ (plus tax) per year for the lifetime of the property. Orr Pest Control will inspect the structure(s) periodically and perform additional service when necessary at no additional charge to the customer for as long as this plan remains in effect. Orr Pest Control reserves the right to revise the annual extension fees after _____ years from the original completion date. Alterations or additions to the structure may require an adjustment to the annual extension fee. This warranty is transferable to a new owner in the event of sale of the above identified structure(s). This agreement may be cancelled by either party anytime before midnight of the third business day after the date of this transaction.

Addendum: (if applicable)

Orr Pest Control Representative Signature

Date

Customer Signature

Date

I have received a copy of the applicable manufacturer specimen labels of the materials to be used.

Customers Initials

