

017-021-0000011:

BUS:

2155

termini@yahoo.com

Service: 0.00 %, Retail: 6.25 %

DESCRIPTION OF SERVICES

n	Size/Material	Unit Price	QTY	SubTotal
n 3/1 Free		\$129.00	1	\$129.00
bedroom		\$0.00	1	\$0.00
stairway		\$0.00	1	\$0.00
ice Charge		\$20.00	1	\$20.00

Roc Cleaning

\$149.00
\$0.00
\$149.00

Sub Total \$

Tax \$

Scheduled Total \$

ARE WE DOING?

take a moment to respond
customer survey by logging onto
searsclean.com/survey

Non-scheduled Services

- Tile \$ _____
- Protector \$ _____
- Deodorizer \$ _____
- Upholstery \$ _____
- Carpet \$ _____
- Misc. \$ _____
- Tax \$ _____
- Grand Total \$ _____

CONFIRMATION:

PORTABLE

COUPON COLLECTED

MILEAGE:

METER START:

METER END:



SAFETY WARNING

Extreme caution should be taken when walking on damp carpet or stairs to a hard surface as the floors will be slippery.

Customer Initials X 1/2

SPECIAL INSTRUCTIONS

Repeat Customer. ZND PL BRING EXTRA HOSE
CALL 617-821-8607
PLACE IS EMPTY

PRE-CLEANING INSPECTION

- Age of Carpet/Upholstery: 1/2 yrs.
- Heavily Soiled: _____
- Problem Stain: _____
- Excessive Wear: _____
- Open Seam/Torn/Frayed: _____
- Rippled: _____
- Pet Stains/Odor: _____
- Dye Bleeding: _____
- Fading/Shading: _____
- How Often do you Clean Carpet? 2 years ago
- Protector Applied Previously? Yes No
- Deodorizer Applied Previously? Yes No

ADDITIONAL INFORMATION

I HAVE READ AND UNDERSTAND THE WORK AUTHORIZATION ON THE REVERSE SIDE. I AGREE WITH THE INSPECTION REPORT ABOVE AND I AUTHORIZE THE WORK TO BEGIN.

CUSTOMER SIGNATURE [Signature]

Major manufacturers recommend annual cleaning, your next recommended cleaning should be _____

POST-CLEANING COMMENTS

PAYMENT:

Amount \$ 149.00

Check ID: _____ Cash

Charge: _____ (Please Circle One) _____
Sears Visa MC Amex Discover

Account #: _____

Exp. date: _____ Authorization code: _____

PERFORMED A FINAL WALK-THROUGH INSPECTION VERIFYING WITH ME THAT THE ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED. CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS AND/OR
AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH IN THE CARDHOLDER'S AGREEMENT WITH THE ISSUER IDENTIFIED HEREON. THIS CREDIT PURCHASE IS SUBJECT
TO SEARS CHARGE AGREEMENT WHICH IS INCORPORATED HEREIN BY REFERENCE AND IDENTIFIED BY THE ACCOUNT NUMBER SHOWN ON THIS WORK ORDER. I GRANT SEARS A SECURITY INTEREST IN THIS
PURCHASE (IF IN NEW YORK) UNTIL PAID IN FULL.

AUTHORIZED BY: _____ PURCHASED BY: X 1/2

GUARANTEE ON BACK

441248

Residential/Commercial Services
 Chimney Cap Installation
 Rodent Screening and Sealing Exclusions
 Real Estate Termite Inspections VAFHA
 Free In Home/Business Estimates



www.nwpestcontrol.com

(781) 891-5313
 Fax: (781) 891-5946

Pest Prevention Service Report

We as professionals at NW Pest Control, Inc. feel Exterior Inspections/Treatments of your home/building is of primary importance in eliminating most kinds of pest from your living environment between March and November. During the months of December, January and February, access to the inside of residential homes is important. If you are not home during service and you would like to schedule Inside Service, simply call our office.

Product Trade Name	EPA #	Act. Ing. %	Target Pest	Qty	Method
<input type="checkbox"/> Advance 360A Ant Bait Stat.	499-496	Abamectin .011			
<input type="checkbox"/> Advion Ant Gel	352-746	Indoxacarb .05			
<input type="checkbox"/> Avitrol	11649-7	4-Aminopyridine .5			
<input type="checkbox"/> Bora Care	64405-1	Disodium Octaborate Tetrahydrate 5.1			
<input type="checkbox"/> Contract Super Size Bloc	12455-82	Bromadiolone .005			
<input type="checkbox"/> D-Force HPX	9444-217	Deltamethrin .06			
<input type="checkbox"/> Ditrac Tracking Powder	12455-56	Diphacinone .2			
<input type="checkbox"/> Eveready Total Release	9021-1636-7211	Pyrethrin .05			
<input type="checkbox"/> First Strike	7173-258	Permethrin Butoxide Technical .100			
<input type="checkbox"/> Insect Granular Bait	73079-2	Orthoboric Acid .5			
<input type="checkbox"/> Master Line	73748-7	Bifenthrin .002 .004 .006			
<input type="checkbox"/> MaxForce Roach Bait Gel	432-1254	Hydramethylnon 2.15			
<input type="checkbox"/> MaxForce Roach Bait Stat.	432-1251	Hydramethylnon 2.00			
<input type="checkbox"/> Nylguard	1021-1603	Pyridine			
<input type="checkbox"/> Phantom	241-392	ChlorFenapyr 0.5			
<input type="checkbox"/> Repel IV	62719-453	NoviFlumuron 0.5			
<input type="checkbox"/> Recruit IV AG	62719-454	NoviFlumuron 0.5			
<input type="checkbox"/> Singsay	9444-220	Tetramethrin .10 - Permethrin .25 Piperonyl Butoxide Technical .50			
<input type="checkbox"/> Suscane SC	432-763	Deltamethrin .001 .003 .006			
<input type="checkbox"/> Termidor SC	7969-210	Fipronil .0006 .00125			
<input type="checkbox"/> Tempo 1% Dust	432-1373	Cyfluthrin 1.0			
<input type="checkbox"/> Temprid SC	432-1483	.05 Imidacloprid .025 B-Cyfluthrin .075 .10 Imidacloprid .05 B-Cyfluthrin .115			
<input type="checkbox"/> Weather Blok XT	100-1055	Brodifacoum .005			
<input type="checkbox"/> Other					

Organic Products (From Plant Essential Oil)	Act. Ing. %	Target Pest	Qty	Method
<input type="checkbox"/> Best Yet	Cedar Oil 10.0 Slate Fluid 90.0			
<input type="checkbox"/> Eco Exempt IC2	Rosemary Oil 10.0 Peppermint Oil 2.0			
<input type="checkbox"/> Eco Exempt Jet Wasp & Hornet	2 Phenethyl Propionate 2.0 Rosemary Oil 3.0			
<input type="checkbox"/> Eco Exempt KO	2 Phenethyl Propionate 5.00 Eugenol .50			
<input type="checkbox"/> Eco Exempt D	2 Phenethyl Propionate 4.50 Eugenol (Clove Oil) 1.75			
<input type="checkbox"/> PCO Choice	Cedar Oil .13 Eugenol .25			

Extra Materials Used and/or Extra Units Services		
QTY	QTY	QTY
<input type="checkbox"/> Mouse Master	<input type="checkbox"/> Vector Fly Light Discreet	<input type="checkbox"/> Total Units
<input type="checkbox"/> Rat Boxes	<input type="checkbox"/> Fly Light Bulbs	and/or apartments
<input type="checkbox"/> Vector Fly Light Classic	<input type="checkbox"/> Fly Web Fly Light	serviced

Areas Inspected / Monitored / Treated: Basement 2 Family
name for the control of mice!
Basement 1st floor
Kitchen area 2nd floor kitchen
and the attic for the
control of mice. Allow 4
weeks for control!

See Apartment Rm Log Follow up Appointment Needed

Areas in need of Cleaning / Repairing and Conducive Conditions:

Location of Bait Stations			Method of Application	
QTY	QTY	QTY	A Crack & Crevice Treatment	
<u>4</u> attic	<u>5</u> shed	___ electric box	B Spot C&C Treatment	
___ basement	___ kitchen	___ gas meter	C Spot Surface Treatment	
___ garage	___ bath rm	___ drop ceiling	D Soil Treatment	
___ boiler rm	___ closet		E Bait Stations	
___ crawl	___ washer/dryer		F Space Treatment	
			G Void Treatment	

Company Representative: [Signature] License #: 3155 Date of Service: 7/27/09

Customer/Customers Representative: [Signature] Time: 3:05

Payment Amount: _____ Check # _____ Warranty: 3 months

Credit Card # _____ Expiration Date _____ Credit Card Authorization # _____

RECOMMENDATIONS TO HELP KEEP YOUR BUILDING BEST FREE:			
• Remove firewood next to foundation	• Cap the tops of all chimneys		
• Remove debris in crawl space or next to foundation	• Fix leaky plumbing fixtures		
• Remove excessive plant cover, stumps, etc.	• Fix moisture damaged wood		
• Remove wood to soil contact	• Fix windows and screens		
• Remove debris in gutters	• Seal excessive gaps and cracks		
• Cover all garbage cans and keep area clean	• Clean clogged drains		
• Check bath & dryer vents regularly for clogs or stuck open	• Remove food and other debris on floor		
• Seal all openings around plumbing & electrical lines	• Remove storage from floor place on shelving		
• Trim bushes and tree branches away from building	• Cleaning of kitchen and dishes nightly		

7/27/2009: \$0.00	Adj Total	\$225.00	\$0.00	\$225.00
ONE TIME PEST CONTROL	Prepay	\$0.00		
14-16 BENTON RD	Total Balance Due			\$225.00
2 FAMILY				
MEDFORD, MA 02155				
Lic#:				
Acct # 40570 INV # 113395				

PO #: PO expires: