No Damage Warranty

No. N2243

kind. PEST CONTROL

Kind Pest Control Termite Agreement For Eastern Subterranean Termites

6516 Old Wake Forest Rd. • Raleigh, NC 27616 • (919) 981-9798 • Lic. 2502PW Service Date and Time 3-12-26 9AM

CUSTOMER

Name ASHLEY JONES Phone (Home) _____ (Cell) 919 630 5941

Address 180 CLUB HOUSE DR City YOUNGSVILLE State NC Zip 27596

Email ashleyjones76@yahoo.com

COVERED PESTS AND TREATMENT

This agreement pertains only to Eastern Subterranean Termite control for the service location specified above and described on the attached graph which is part of this agreement. This agreement does not apply to Drywood Termites, Formosan Termites or other wood destroying insects or organisms.

Treatment Type:

(Sentricon Bait Stations) (BarrierTreatment) Pre-Treatment Other (specify) _____

Linear Feet of Structure 190 Square Feet of Structure _____ Number of Bait Sations 18

Treatment Cost:

Sentricon Install Service $_____ 1st Year Monitoring Fee $ 300 Annual Renewal Fee $ 300

Barrier Treatment $ 550 Pre-Treatment $ _____ Other $ _____

1. Kind Pest Control agrees to render above serivce as to provide for control of Eastern Subterranean Termites at the structure referenced above for a period of 1 year from the date of treatment. During the term of this agreement, Customer shall notify Kind Pest Control in a timely manner if an active infestation of termites occurs. Upon receipt ofthe timely notification, Kind Pest Control shall arrange to provide control measures at no additional cost to the Customer at a mutually agreeable time if the entire home was not treated, additional control measures will be limited to the area(s) that were treated on the original service date.
2. It is the repsonsibility of the Customer to make the structure available for Kind Pest Control to perform treatment, annual inspection or inspection if an active infestation occurs. Failure to do so shall nullify the terms of this agreement.
3. The Customer agrees and understands that during the inspection Kind Pest Control may only inspect accessible areas during inspections. Kind Pest Control shall not be held responsible for existing or new termite damage to the structure. Kind Pest Control will not open walls, remove floor coverings, move furniture or other obstructions during inspections or treatments.
4. The agreement may be extended for a maximum of **10** years from the date of treatment at the annual renewal fee listed above. Kind Pest Control reserves the right to amend the annual renewal cost of this agreement after the 2nd year.
5. Payment for the monthly monitoring fee for Sentricon Bait Stations must be set up on autopay with Kind Pest Control or paid in advance for the full year. All components of the Sentricon System are and remain the property of Dow Agro Sciences. On expiration or termination of this agreement, the Customer will grant Kind Pest Control and Dow Agro Sciences reasonable access to the premises to retrieve the components.

BILLING AND PAYMENT METHOD

Termite Treatment Charge 550

Sentricon Install Charge 0

AnnualMonitoring Service Charge. 300

☐ Monthly Billing option. . . . . _____

Total Annual Amount. 300

Amount Remitted with Agreement . . . . . _____

☐ Cash ☐ Check

Check #_____

Please Initial AJ *

* If for any reason, you are not able to fulfill the one year obligation associated with this agreement, you will be required to pay up to 100% of remaining contract value.

Please Initial AJ **

** I hereby authorize Kind Pest Control to automatically withdraw funds from my debit/credit card or bank account for the scheduled treatments outlined herein.

☐ Credit Card on File

☐ New Card # _____

CVV# _____

Exp. Date _____

Michael Umoh 3-12-26

KIND PEST CONTROL REPRESENTATIVE DATE

Ashley Jones 3/12/26

PURCHASER DATE

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. THE TERMS AND CONDITIONS ON THE REVERSE SIDE ARE A PART OF THIS AGREEMENT.

No Warranty Attached

kind. PEST CONTROL

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(919) 981-9798

TERMITE TREATMENT SPECIFICATIONS

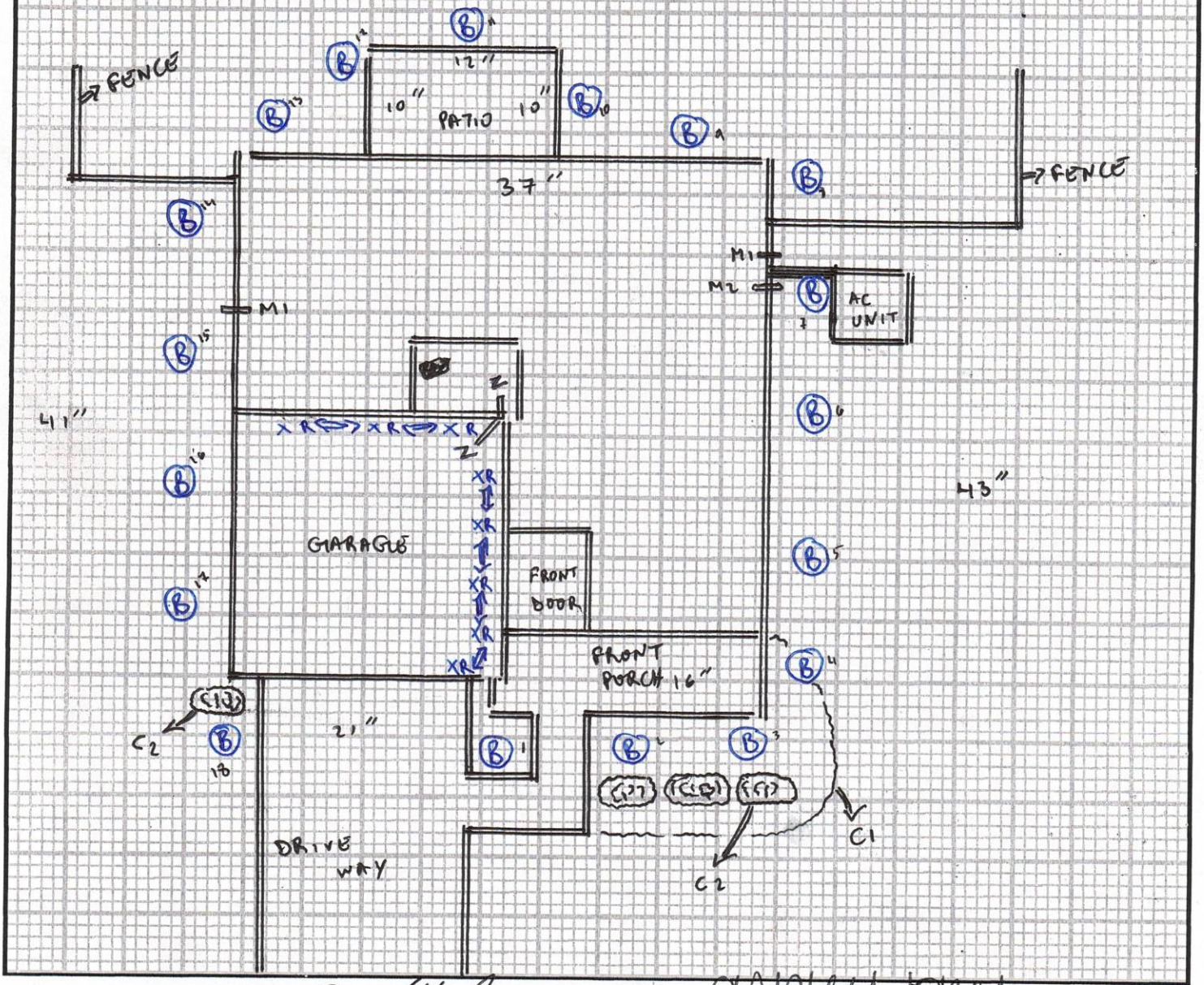
No. N2243

Customer Name		Date
ASHLEY JONES		3-12-26
Address	City / State / Zip	
190 CLUB HOUSE DR	YOUNGSVILLE NC 27596	
Phone 1 / Phone 2 / Email		
919 630 5941		
Slab Type: MONO	Moisture Reading:	
Target Pest: TERMITE	Linear Footage: 190	Square Footage:
Products Used (Name, Concentration, Amount): SENTRICON ALWAYS ACTIVE 18 STATIONS		

GRAPH NOT TO SCALE

YEAR 1

KEY
- M1 WATER SPIGOT
- M2 DRIP LINE
- C1 MULCH
- C2 BUSH
- XR AREA DRILLED AND RODDED
- Z AREA FOAMED



MICHAEL UMBA
Kind Pest Control Representative

Customer: Ashley Jones

NORTH CAROLINA OFFICIAL WAIVER OF MINIMUM REQUIREMENTS FOR THE CONTROL OF SUBTERRANEAN TERMITES IN EXISTING STRUCTURES

Property Owner: ASHLEY JONES				Agent:			
Address: 180 CLUB HOUSE DR				Address:			
City: YOUNGSVILLE NC 27596				City:			
Location of Property, if different from above:				Date of Contract:			
Type of Construction	Basement: ☐			Crawl-Space: ☐	Slab: ☒	Combination: ☐	

Before signing this form you should read and understand each of the treatment specifications indicated below. These specifications are based on the minimum requirements of the N.C. Structural Pest Control Committee.

The items checked below apply to the structure to be treated and **will not be performed** in treating the property listed above. Any item checked below must be explained on the right adjacent to the item checked on the left.

I. Mechanical Alterations/Sanitation:

☐ A. Provide access openings to permit inspection of all basement and crawl-space areas.

☐ B. Remove all wood and cellulose materials , such as stumps, form boards and construction debris, contacting soil in all crawl-space areas.

☐ C. Provide required clearance between soil and wood floor joists, girders and subsills.

☐ D. Remove all visible tubes or tunnels on the foundation and other structures below the sill line.

☐ E. Remove all wooden contacts between the building and soil both outside and inside except those which are pressure treated.

II. Foundation Treatment:

☐ F. Drill and treat with a termiticide all voids in multiple masonry walls within 4 feet of any evidence of termites.

☐ G. Drill and treat with a termiticide all voids in multiple masonry pillars, pilasters, chimneys, and step buttresses within 4 feet of any evidence of termites.

☐ H. Drill and treat with a termiticide voids in porch walls.

III. Slab Treatment:

☐ I. Drill and treat all concrete slab porches as required.

☐ J. Where concrete slabs other than porches, such as walkways, carports and patios, prevent trenching soil adjacent to foundation elements, drill slab and treat soil beneath slab.

☐ K. Treat soil with a termiticide beneath floor slabs, such as garages, storage rooms and interior floor slabs.

IV. Soil Treatment:

☐ L. Treat soil with a termiticide adjacent to all foundation elements, pipes and other utility conduits both inside and outside the foundation wall. (If slabs adjacent to the foundation wall prevent trenching, see "Slab Treatment J." above.)

☐ M. Trench and treat soil with a termiticide to a depth below and under the edge of stucco on wood or similar type material.

Explanation and location of item(s) waived :

VISIBLE TUBES IN GARAGE REMOVED

V. Service Agreement Information:

This treatment is ☒ is not ☐ covered by a service agreement (one must be checked). If a service agreement is to be issued, a copy is attached to these specifications.

Company:	License No.:	Signature of Licensee or Company Representative:
KIND PEST CONTROL	25028N	

PROPERTY OWNER/AGENT: DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND IT OR IF YOU HAVE ANY QUESTIONS REGARDING THE QUALITY OR EXTENT OF TREATMENT TO BE PERFORMED. DO NOT SIGN A BLANK FORM.

Signature of Owner / Agent:	Date:
	3-12-26

Form No. 5. (Revised Effective March 1, 1999)

kind.
PEST CONTROL

Work Authorization Form For Liquid Termite Treatments

- **Customer Name:** ASHLEY JONES
- **Address:** 180 CLUB HOUSE DR YOUNGSVILLE NC 27596
- **Email / Phone Number:** 919 630 5941
- **Cost: $** 550

Scope of Work:

- **Description of Work to be Performed:**
  - DRILLING IN THE GARAGE
  - FOAMING INFESTED WALLS "BATHROOM"

Authorization:

I, the undersigned, hereby authorize Kind Pest Control to perform the work described above at the property listed. I confirm that I am the owner/authorized representative of the property. I understand that the treatment being performed will involve drilling on the front/rear concrete patio,slabs,garage,and or crawlspace cinder blocks. All holes will be patched with concrete filler when service is completed excluding crawlspace cinder blocks.The concrete patch may not be the exact same color as the existing slab. I understand that drilling in concrete/brick can sometimes result in hairline cracking and/or chipping in the concrete and Kind Pest Control is not responsible. I agree to pay all costs associated with the work as outlined in the Kind Pest Control agreement.I acknowledge that this authorization is not a contract for the sale of service, but a notification and agreement of services to be performed on my property.

Terms & Conditions:

- Any changes to the scope of work must be approved by both parties in writing.
- The customer is responsible for providing access to the property and ensuring that the work area is free of hazards.
- Kind Pest Control reserves the right to remove in ground bait stations if payment is not made as agreed or if other terms of this authorization are not met.

Customer Signature: Ashley Jones **Date:** 3/12/26

Authorized Company Representative: [signature] **Date:** 3/12/26