ACCT. # _____

P.O. BOX 2169
123 E. BELLE ST.
HENDERSON, N.C. 27536

WHITCO
Termite and Pest Control

HENDERSON 252-492-2818
OXFORD 919-693-3040
LOUISBURG 919-496-1492
WAKE FOREST 919-554-1447
CREEDMOOR 919-528-3840
DURHAM 919-479-3200

SERVICE AGREEMENT

DATE 10-8-21 PHONE H: (___) _____ PHONE M: (919) 819-5184

NAME David Quinn NAME _____

TREATING ADDRESS 174 Pinecone Dr. BILLING ADDRESS 419 College St.

Oxford NC 27565 OXFORD N C 27565

CITY STATE ZIP CITY STATE ZIP

WHITCO is authorized to make structural modifications and/or repairs to the said premises shown in the graph and specification sheet.
WHITCO is hereby authorized to treat premises described above as treating address for the control of:

- ✓ Eastern Subterranean Termites
- ____ Pretreat Eastern Subterranean Termites
- ____ Powder Post Beetles (Spot treatment only)
- ____ Floor Supports
- ____ Vent Wells # _____
- ____ Automatic Vents # _____
- ____ Moisture Barrier
- ____ Other

NOTE: The reverse side of this document contains important terms and conditions of this agreement. Please be sure to read this entire agreement. Initial DQ

METHOD OF PAYMENT

Cash

$ 1,280.00 Initial Treatment
$ 0 Additional Charges
$ 1,280.00 TOTAL AMOUNT DUE
$ 0 Less Down Payment
$ 1,280.00 BALANCE DUE

Finance

$ _____ Initial Treatment
$ _____ Additional Charges
$ _____ TOTAL AMOUNT DUE
$ _____ Less Down Payment
$ _____ Amount To Be Financed

IF THE METHOD OF PAYMENT IS FINANCED:

PAYMENT: For the services and Service Agreement WHITCO is providing under this service agreement, I agree to pay Whitco Termite and Pest Control, Inc.

LATE PAYMENT/DEFAULT: If I am late in making a payment for more than 30 days, I understand that Whitco Termite and Pest Control, Inc. can require me, after default, to pay at once the entire unpaid balance of my debt less unearned finance charges.

COLLECTION COSTS: I agree to pay any necessary court costs plus reasonable attorneys fees if Whitco Termite and Pest Control, Inc. files suit to collect their credit account.

I authorize Whitco Termite and Pest Control, Inc. to investigate my past credit record and to report any performance of this contract to properly authorized persons or credit reporting agencies.

Creditor - Whitco Termite and Pest Control, Inc.

Amount Financed (the amount of credit provided on my behalf) ..... $ _____

FINANCE CHARGE (the dollar amount my credit will cost) ..... $ _____

Total Payments (the amount I will have paid when I have made all my scheduled payments) ..... $ _____

Total Sale Price (the total cost of my purchase on credit, including my down payment of $_____) $ _____

ANNUAL PERCENTAGE RATE (the cost of my credit as a yearly rate) ..... $ _____

Payment Schedule: I will pay _____ monthly payments of $ _____
each commencing on _____ (month) 10, 20, 30, 28 (circle one) _____ (year)
and on the same day of each succeeding month until this obligation is paid in full. Late Charge- if a payment is late by more than 15 days, I will be charged $6.00 as a late fee. Prepayment - if this is a consumer Agreement, I will be entitled to a rebate of unearned finance charge if I prepay this obligation in full.

SERVICE AGREEMENT - WOOD DESTROYING INSECTS

WHITCO shall renew this Service Agreement annually for a fee of $150.00 to cover the wood destroying insects checked above using the following applicable guidelines:

(a) Eastern Subterranean Termites - Perform a visual inspection of accessible structures identified above and retreat areas if there is evidence of reinfestation. Retreatment will be in accordance to pesticide label instructions.

(b) Powder Post Beetles - Perform a visual inspection of accessible structures identified above and retreat areas that have evidence of reinfestation. Retreatment will be in accordance to pesticide label instructions. (Powder Post Beetles Service Agreement effective initially for 18 months.)

This Service Agreement shall renew on an annual basis unless either party gives notice in writing, at least thirty (30) days prior to the annual date of it's election not to renew the Service Agreement. The company reserves the right to adjust the renewal fee annually. Customer shall have the right to terminate this Service Agreement, not withstanding the thirty (30) day notice requirement, upon receipt of the company's notice of increase in fees. This Service Agreement shall remain in effect so long as payments are made in accordance with this Service Agreement. If payments are not made in accordance with this Service Agreement, Whitco may cancel this Service Agreement without further notice to owner or agent. All payments are due within thirty (30) days of company's invoices.

This Service Agreement shall be composed of the Service Agreement, Graph & Specification Sheet and the General Terms and Conditions as they appear on the reverse side of this Service Agreement.

NOTICE TO BUYER

1. I am entitled to an exact copy of this agreement.
2. I have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge shown above. If I am in default and Whitco Termite and Pest Control, Inc. requires that I immediately pay off the unpaid balance of my obligation, I will receive a partial refund of the finance charge shown above.
3. Buyer's right to cancel - I may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.
4. Caution - It is important that I thoroughly read this agreement before I sign it. I will not sign this agreement before I read it or if it contains a blank space. I will keep it to protect my legal rights.
5. Any holder of this consumer credit agreement is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery here under by the debtor shall not exceed amounts paid by the debtor hereunder.

Retail Installment Agreement

I acknowledge receipt of a signed copy of this agreement.

10-8-21
Date

WHITCO TERMITE AND PEST CONTROL, INC.

Wayne Dishon
Representative

ACCEPTED BY:

X David Quinn
Owner or Agent

SPOUSE

N.C. PEST CONTROL LIC. # 1686 PW
LICENSEE - JOSHUA HARRISON

North Carolina Official Waiver of Minimum Requirements For Control of Subterranean Termites in Existing Structures

Property Owner: David Quinn		Agent:		
Address: 174 Pinecone Dr.		Address:		
City: Oxford NC 27565		City:		
Location of Property, if different from above:		Date of Contract: 10-8-21		
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. An item checked below must be explained on the right adjacent to the item checked on the left.

		Explanation and location of items waived:
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 joints, 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, chimneys, and step buttresses within 4 feet of any evidence of termites.	
☐ H.	Drill and treat with a termiticide voids in porch walls.	
II.	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.	will not drill brick veneers
✓ K.	Treat soil with a termiticide beneath floor slabs, such as garages, storage rooms and other interior floor slabs.	will not drill basement slab
V.	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.	

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: Whitco Termite & Pest Control, Inc.	License No.: 1686 PW	Signature of Licensee or Company Representative: Wayne Burbank

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: David Quinn	Date: 10-8-21

Whitco Termite and Pest Control
Post Office Box 2169
Henderson, NC 27536
252-492-2818
Lic#: 1686PW

Acct # 25103 INV # 67693
David Quinn
174 Pinecone Drive Oxford, NC 27565

Terms :
(67693) Termite Treatment - Initial

Pd _____ ☐ Cash ☐ Check # _____
Date 10-12-21 Time _____
Tech Yolonda Dixon

Cust. Sig. _____

WE PROVIDED THE FOLLOWING SERVICES TODAY
1. ☐ Inspected/Treated lower perimeter
2. ☐ Treated entry points for pests
3. ☐ Treated and Inspected attic/bathrooms(s)
4. ☐ Treated and Inspected kitchen/laundry
5. ☐ Treated and inspected garage/harborage areas
6. ☐ Treated entry eaves, windows/doorways
7. ☐ Other _____
8. ☐ Other _____
TODAY WE OBSERVED THE FOLLOWING
9. ☐ Harborage elimination needed
10. ☐ Evidence of activity found
11. ☐ Conditions permitting pest entry
12. ☐ Conditions promoting pest population
13. ☐ Other _____
14. ☐ Other _____
15. ☐ Other _____

MATERIAL	AMOUNT	MIXTURE RATE	UOM	% A	PEST
1. ☑ Termidor 80 WG	125 gal			.06	termite
2. ☐					
3. ☐					
4. ☐					
5. ☐					
6. ☐					

COMMENTS & RECOMMENDATIONS

(67693) Termite Treatment - Initial $1,280.00

		Tax	Total
This INV	$1,280.00		
Adj Total	$1,280.00	$0.00	$1,280.00
Prepay	($0.00)		
Amount Due This INV			$1,280.00
Total Due This Site			$1,280.00

Acct # 25103 INV # 67693
David Quinn
419 College St
Oxford, NC 27565-3310

Please return this portion

Check# _____ $ _____

Card# _____

Type _____ Exp _____

Signature _____

Comments _____

This Invoice will be charged to my Credit Card on file Thank you

(67693) Termite Treatment - Initial $1,280.00
Bal this site as of 10/11/2021 $0.00

		Tax	Total
This INV	$1,280.00		
Adj Total	$1,280.00	$0.00	$1,280.00
Prepay	($0.00)		
Amount Due			$1,280.00
Total Due This Site			$1,280.00

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