



1650 Sycamore Avenue, Suite 13
Bohemia, NY 11716

Suffolk: (631) 661-0900
Nassau: (516) 326-4500

Fire Island: (631) 583-0030
Toll-Free: (866) 776-4897

...putting professional in exterminating

TREE & PLANT & LAWN HEALTH CARE PROGRAMS 2018

*OWNER INFORMATION

NAME:	
BILLING ADDRESS:	
(HOME PHONE)	(WORK PHONE)

RESIDENT INFORMATION

NAME:	
PROPERTY ADDRESS:	
(HOME PHONE)	(WORK PHONE)

(Monthly)

PROPOSED APPLICATIONS:

DATE OF APPL.

PRICE:

✓TO ORDER*

TREE/BUSH: EARLY SPRING TREATMENT		\$195.00	<input type="checkbox"/>
TREE/BUSH: SPRING SUMMER TREATMENT		\$195.00	<input type="checkbox"/>
TREE/BUSH: EARLY SUMMER TREATMENT		\$195.00	<input type="checkbox"/>
TREE/BUSH: MID-SUMMER TREATMENT		\$195.00	<input type="checkbox"/>
TREE/BUSH: LATE SUMMER TREATMENT		\$195.00	<input type="checkbox"/>
TREE/BUSH: FALL TREATMENT		\$195.00	<input type="checkbox"/>
FLEA & TICK TREATMENT		\$195.00	<input type="checkbox"/>
Price may vary if property is several lots *IF YOU GET 3 SPRAYS AT THIS PROPERTY, IT WILL BE \$125+ TAX PER SPRAY*		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>
MOSQUITO TREATMENT		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>
		\$195.00	<input type="checkbox"/>

***Total # of Applications**

***Cost: \$ _____**

-Tax: \$ _____

***Total: \$ _____**

N. Y. S. D. E. C. CONTRACT REGULATIONS:

- The New York State Department of Environmental Conservation has mandated that we have a signed contract in order to protect your trees, shrubs and lawns from harmful insect damage.
- We must also post small markers when your property is being sprayed.
- Labels precautionary statements and all other N. Y. S. D. E. C. requirements are enclosed.
- The property's owner/owner's agent may request the specific date or date(s) of the application(s) to be provided & if so requested, the pesticide applicator or business must inform of the specific dates & include the date of dates in the contract.

AGREED AND ACCEPTED

*Date: _____

Pest Pro Exterminating Co., Inc.

(NYS DEC Bus. Reg. # 11401)

By: Kenneth Andexser

Kenneth Andexser, Pres.

(Applicator ID #C-1621481)

Customer: ("I have received complete labels specified below")

* _____ (Signature)

* _____ (Print)

Please complete * areas & return to the above address so that we may be of service to you. Thank you!

*NO GUARANTEE/WARRANTY IMPLIED HEREIN

The Chemicals/Active Ingredients to be used are as follows:

Essentria IC³ • Rosemary Oil 10.00% • Geraniol 5.00% • Peppermint Oil 2.00%