

Name:		Account No:
Address:		Time/Date:
Phone:		Alt Phone:
City:		Room Count:
Work History	Job Instructions	
	INITIAL	

Pesticide and/or OTC products	%	Amount
Termidor		
Rx for Fleas Plus		
Drione		
FB 2000		
Dragnet		
Precor		
Maxforce Roach Gel		
Nematodes		
Fleabusters Powder 3 lbs Canister		
Other Products		

FLEABUSTERS, INC.
 1098 Melody Lane # 201
 Roseville, Ca. 95678
 Email: Fleabusters@aol.com
www.FleabustersCa.com
 Serving Exclusively California
 1-800-765-3532

I have read and understand the guarantee(s) and restriction(s) regarding the treatment(s) indicated.
 I have verified the price(s) clearly defined on this work order and agree they are the amounts quoted.
 I have been shown and left a copy of the State Mandated "Notice to Homeowner". (printed on back of work order)
 It can take up to 6 weeks for the inside treatment to fully eradicate the fleas, during which time no reapplications will be performed. I have read and understand the guarantee(s) and restriction(s) regarding the treatment(s) specified.
 The Fleabusters powder can leave behind a dust residue. Fleabusters will take every precaution to make the treatment as clean as possible, Fleabusters will not be responsible for the clean up of any dust or the cost if any to clean up any dust.
 All Fleabusters services are payable upon completion unless prior arrangements have been made. See back for details.
 My signature indicates that I have read and agree to the terms of this contract and desire to have the specified treatment(s) completed.

Client Signature: _____

Service	Amount	Required Changes for Guarantee.
INITIAL <i>FLEABUSTERS INHOME SERVICE: ONE-YEAR GUARANTEE PROVIDED ALL TREATABLE AREAS ARE TREATED AND PAID FOR. IT WILL TAKE UP TO 6 WEEKS FOR THE FLEAS TO BE COMPLETELY GONE, DEPENDING UPON THE DEGREE OF YOUR INFESTATION AND NO REAPPLICATIONS WILL BE DONE DURING THIS TIME. OTHER RESTRICTIONS OR CONDITIONS MAY APPLY, BE SURE TO READ AND UNDERSTAND THE GUARANTEE PRINTED ON THE BACK OF WORK ORDER. A COPY OF THE GUARANTEE MAY BE PROVIDED AS A SEPARATE PAGE IN THE EVENT IT IS NOT PREPRINTED ON THE BACK OF THIS WORK ORDER.</i> =====	\$0.00	<input type="checkbox"/> Paid Yard Spray <input type="checkbox"/> Power Dust Sub <input type="checkbox"/> Trash Area <input type="checkbox"/> Secure Attic <input type="checkbox"/> Other <input type="checkbox"/> Power Dust Attic <input type="checkbox"/> Secure Sub Area <input type="checkbox"/> Rodent Control
		Interior/Exterior Areas Serviced <input type="checkbox"/> Entire Home <input type="checkbox"/> Area Rugs <input type="checkbox"/> Garage <input type="checkbox"/> Front Yard <input type="checkbox"/> Baseboards <input type="checkbox"/> Back Yard <input type="checkbox"/> Specific Areas O <input type="checkbox"/> F & B Yards
		Additional Services Desired: <input type="checkbox"/> _____ <input type="checkbox"/> FB Inside <input type="checkbox"/> _____ <input type="checkbox"/> FB Outside <input type="checkbox"/> Ant Service <input type="checkbox"/> Dust Mites <input type="checkbox"/> Quick Knockdown <input type="checkbox"/> Mites Other
		Serviced By: _____ Date: _____
Be Certain All Discounts Still Apply.	Amount Due:	

WORK ORDER:

I hereby certify my home was serviced by FLEABUSTERS on the above date. I have inspected my home with the technician for the final quality control. The carpeting, flooring, walls and furniture were found to be in satisfactory condition. I have read the guarantee and the contract and understand the terms and conditions, as well as the post application procedures I must follow to insure a flea free environment during the term of my contract. If paying by Credit Card, cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Customer Signature: _____

Authorization Number: _____

Credit Card Number: _____

Amount Charged: _____

Exp. Date: ____/____/____

NO PERSONAL CHECKS ACCEPTED WITHOUT PRIOR APPROVAL OF MANAGEMENT!

Payment Type: Cash Check Number _____ Approved by: _____ (instructions or phone) Credit Card or GPymt

Start Time: _____ End Time: _____ Mileage: _____

Name:		Account No:
Address:		Time/Date:
Phone:		Alt Phone:
City:		Room Count:
Work History	Job Instructions	
	ANNUAL	

Pesticide and/or OTC products	%	Amount
Termidor		
Rx for Fleas Plus		
Drione		
FB 2000		
Dragnet		
Precor		
Maxforce Roach Gel		
Nematodes		
Fleabusters Powder 3 lbs Canister		
Other Products		

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 The Fleabusters powder can leave behind a dust residue. Fleabusters will take every precaution to make the treatment as clean as possible, Fleabusters will not be responsible for the clean up of any dust or the cost if any to clean up any dust.
 All Fleabusters services are payable upon completion unless prior arrangements have been made. See back for details.
 My signature indicates that I have read and agree to the terms of this contract and desire to have the specified treatment(s) completed.

Client Signature: _____

Service	Amount	Required Changes for Guarantee.
ANNUAL <i>FLEABUSTERS INHOME SERVICE: ONE-YEAR GUARANTEE PROVIDED ALL TREATABLE AREAS ARE TREATED AND PAID FOR. IT WILL TAKE UP TO 6 WEEKS FOR THE FLEAS TO BE COMPLETELY GONE, DEPENDING UPON THE DEGREE OF YOUR INFESTATION AND NO REAPPLICATIONS WILL BE DONE DURING THIS TIME. OTHER RESTRICTIONS OR CONDITIONS MAY APPLY, BE SURE TO READ AND UNDERSTAND THE GUARANTEE PRINTED ON THE BACK OF WORK ORDER. A COPY OF THE GUARANTEE MAY BE PROVIDED AS A SEPARATE PAGE IN THE EVENT IT IS NOT PREPRINTED ON THE BACK OF THIS WORK ORDER.</i> =====	\$0.00	<input type="checkbox"/> Paid Yard Spray <input type="checkbox"/> Power Dust Sub <input type="checkbox"/> Trash Area <input type="checkbox"/> Secure Attic <input type="checkbox"/> Other <input type="checkbox"/> Power Dust Attic <input type="checkbox"/> Secure Sub Area <input type="checkbox"/> Rodent Control
		Interior/Exterior Areas Serviced <input type="checkbox"/> Entire Home <input type="checkbox"/> Area Rugs <input type="checkbox"/> Garage <input type="checkbox"/> Front Yard <input type="checkbox"/> Baseboards <input type="checkbox"/> Back Yard <input type="checkbox"/> Specific Areas O <input type="checkbox"/> F & B Yards
		Additional Services Desired: <input type="checkbox"/> _____ <input type="checkbox"/> FB Inside <input type="checkbox"/> _____ <input type="checkbox"/> FB Outside <input type="checkbox"/> Ant Service <input type="checkbox"/> Dust Mites <input type="checkbox"/> Quick Knockdown <input type="checkbox"/> Mites Other
		Serviced By: _____ Date: _____
Be Certain All Discounts Still Apply.	Amount Due:	

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Customer Signature: _____

Authorization Number: _____

Credit Card Number: _____

Amount Charged: _____

Exp. Date: ____/____/____

NO PERSONAL CHECKS ACCEPTED WITHOUT PRIOR APPROVAL OF MANAGEMENT!

Payment Type: Cash Check Number _____ Approved by: _____ (instructions or phone) Credit Card or GPymt

Start Time: _____ End Time: _____ Mileage: _____

Name:		Account No:
Address:		Time/Date:
Phone:		Alt Phone:
City:		Room Count:
Work History	Job Instructions	
	POWER DUST APPLICATION:	

Pesticide and/or OTC products	%	Amount
Termidor		
Rx for Fleas Plus		
Drione		
FB 2000		
Dragnet		
Precor		
Maxforce Roach Gel		
Nematodes		
Fleabusters Powder 3 lbs Canister		
Other Products		

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 The Fleabusters powder can leave behind a dust residue. Fleabusters will take every precaution to make the treatment as clean as possible, Fleabusters will not be responsible for the clean up of any dust or the cost if any to clean up any dust.
 All Fleabusters services are payable upon completion unless prior arrangements have been made. See back for details.
 My signature indicates that I have read and agree to the terms of this contract and desire to have the specified treatment(s) completed.

Client Signature: _____

Service	Amount	Required Changes for Guarantee.
POWER DUST <i>THE POWER DUST SERVICE IS USED TO TREAT ATTICS OR CRAWL SPACES TO CONTROL TARGET PESTS IN THESE AREAS. THIS SERVICE CAN BECOME NECESSARY IF ANIMALS OR RODENTS HAVE MADE ENTRY INTO THESE AREAS AND INFESTED THEM WITH FLEAS. REMOVAL OF THE ANIMALS OR RODENTS MUST BE DONE AND THE POINT OF ENTRY SEALED FOR THIS SERVICE TO BE EFFECTIVE. FLEABUSTERS WILL GLADLY INDICATE TO THE HOMEOWNER ANY ENTRY POINTS NOTICE, BUT UNDER NO CIRCUMSTANCES WILL FLEABUSTERS PERFORM ANY TYPE OF CONSTRUCTION TO CLOSE OPENINGS.</i> =====	\$0.00	<input type="checkbox"/> Paid Yard Spray <input type="checkbox"/> Power Dust Sub <input type="checkbox"/> Trash Area <input type="checkbox"/> Secure Attic <input type="checkbox"/> Other <input type="checkbox"/> Power Dust Attic <input type="checkbox"/> Secure Sub Area <input type="checkbox"/> Rodent Control
		Interior/Exterior Areas Serviced <input type="checkbox"/> Entire Home <input type="checkbox"/> Area Rugs <input type="checkbox"/> Garage <input type="checkbox"/> Front Yard <input type="checkbox"/> Baseboards <input type="checkbox"/> Back Yard <input type="checkbox"/> Specific Areas O <input type="checkbox"/> F & B Yards
		Additional Services Desired: <input type="checkbox"/> _____ <input type="checkbox"/> FB Inside <input type="checkbox"/> _____ <input type="checkbox"/> FB Outside <input type="checkbox"/> Ant Service <input type="checkbox"/> Dust Mites <input type="checkbox"/> Quick Knockdown <input type="checkbox"/> Mites Other
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Customer Signature: _____

Authorization Number: _____

Credit Card Number: _____

Amount Charged: _____

Exp. Date: _____/_____/_____

NO PERSONAL CHECKS ACCEPTED WITHOUT PRIOR APPROVAL OF MANAGEMENT!

Payment Type: Cash Check Number _____ Approved by: _____ (instructions or phone) Credit Card or GPymt

Start Time: _____ End Time: _____ Mileage: _____

Name:		Account No:
Address:		Time/Date:
Phone:		Alt Phone:
City:		Room Count:
Work History	Job Instructions	
	YARD - NEMATODES: NO OUTSIDE GUARANTEE AVAILABLE UNLESS INSIDE OF HOME IS COVERED BY THE FLEABUSTERS 1 YEAR GUARANTEE WITHOUT RESTRICTIONS!	

Pesticide and/or OTC products	%	Amount
Termidor		
Rx for Fleas Plus		
Drione		
FB 2000		
Dragnet		
Precor		
Maxforce Roach Gel		
Nematodes		
Fleabusters Powder 3 lbs Canister		
Other Products		

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 My signature indicates that I have read and agree to the terms of this contract and desire to have the specified treatment(s) completed.

Client Signature: _____

Service	Amount	Required Changes for Guarantee.
YARD AN ENVIRONMENTALLY FRIENDLY SERVICE FOR TREATING THE YARD AREAS. NEMATODES MUST BE WATERED TO SURVIVE, ASK YOUR TECH OR THE OFFICE FOR WATERING INSTRUCTIONS. THE PETS MAY RETURN TO THE YARD IMMEDIATELY UPON COMPLETION OF SERVICE WITHOUT CONCERN OR RISK. A GUARANTEE MAY BE AVAILABLE IF THE INSIDE OF HOME WAS TREATED BY FLEABUSTERS AND IS CURRENTLY COVERED BY OUR MONEY BACK GUARANTEE, SEE BACK OF WORKORDER FOR ADDITIONAL TERMS AND CONDITIONS. IF THE INSIDE IS NOT CURRENTLY GUARANTEED THERE IS NO GUARANTEE AVAILABLE FOR THE OUTSIDE SERVICE. =====	\$0.00	<input type="checkbox"/> Paid Yard Spray <input type="checkbox"/> Power Dust Sub <input type="checkbox"/> Trash Area <input type="checkbox"/> Secure Attic <input type="checkbox"/> Other <input type="checkbox"/> Power Dust Attic <input type="checkbox"/> Secure Sub Area <input type="checkbox"/> Rodent Control
		Interior/Exterior Areas Served <input type="checkbox"/> Entire Home <input type="checkbox"/> Area Rugs <input type="checkbox"/> Garage <input type="checkbox"/> Front Yard <input type="checkbox"/> Baseboards <input type="checkbox"/> Back Yard <input type="checkbox"/> Specific Areas O <input type="checkbox"/> F & B Yards
		Additional Services Desired: <input type="checkbox"/> _____ <input type="checkbox"/> FB Inside <input type="checkbox"/> _____ <input type="checkbox"/> FB Outside <input type="checkbox"/> Ant Service <input type="checkbox"/> Dust Mites <input type="checkbox"/> Quick Knockdown <input type="checkbox"/> Mites Other
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Customer Signature: _____

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Credit Card Number: _____

Amount Charged: _____

Exp. Date: _____/_____/_____

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Payment Type: Cash Check Number _____ Approved by: _____ (instructions or phone) Credit Card or GPymt

Start Time: _____ End Time: _____ Mileage: _____

