



3529 Burlington Mills Rd.
Wake Forest, NC 27587
(919) 554-4442

Builder: BQuest Homes

Lot #: _____

Sub/Div. _____

Description of Property main residence only

Property Address 1070 W Strickland Rd.

City Dunn County _____

Owner David & Taylor Douglas

N.C. Pest Control License # 1065 PW Randy Etheridge

Cost of Treatment

1. The benefits of this agreement shall be transferred to any subsequent OWNER of the property within the guarantee period, provided that such subsequent owner, within thirty (30) days after being informed of this agreement assumes all future obligations of the CUSTOMER.

2. The CUSTOMER warrants full cooperation with ETHERIDGE PEST SERVICES during the life of this agreement and agrees to maintain the treated area free from any condition contributing to infestation by subterranean termites such as moisture from drains, surface run-off, plumbing leaks, firewood trash, lumber, or wood in direct contact with soil.

3. THIS AGREEMENT SPECIFICALLY EXCLUDES SERVICE OR TREATMENT FOR ANY OTHER TYPE INSECT, RODENT, HOUSEHOLD PEST, FUNGI, WOOD-DESTROYING INSECTS, AND WOOD-DECAY.

4. Effective beginning 10-31-20 ETHERIDGE PEST SERVICES will provide treatment for control of subterranean termites in accordance with the N.C. Structural Pest Control Commission Treating Standards, and E.P.A. Rules and Regulations.

5. All agreements herein shall be in full force to: 10-31-21

Treatment date: 7-17-20
Chemical used: Premise
Concentration: 10%
Application method: Soil Mixed

6. The CUSTOMER agrees that any additions or alterations to the building covered by this agreement during the warranty period shall not be covered by this agreement unless such addition is treated by ETHERIDGE PEST SERVICES and the cost of such treatment paid by the CUSTOMER. It is also understood that unless otherwise specified in writing, this agreement covers only the main building at the indicated address.

7. ETHERIDGE PEST SERVICES will make periodic re-inspections of treated areas at their option, and owner/occupant agree to provide access upon request.

8. If subterranean termite infestation occurs in any area with a moisture content in excess of 20%, ETHERIDGE PEST SERVICES will not assume responsibility for existing damage, and cannot guarantee control of the infestation until moisture conditions are corrected by contract holder.

9. Damage claims will be handled on an individual basis based on contributing conditions as outlined in Paragraph 2 and actual cost.

10. This agreement may be extended at owner's option for the sum of \$ 125,000 per year payable on or before the agreement anniversary date. ETHERIDGE PEST SERVICES reserves the Right of Revision of this extension charge as of the 7th year or any later extension date.

Because field tests by the U.S. Forest Service have shown that the products that have been and are being used for the treatment of wood-destroying insects do not remain effective indefinitely, after seven years from the original date of treatment Etheridge reserves the right to require retreatment of the entire structure, at the owner's expense, before offering a service agreement on the structure.

**ANY PROVISIONS ON THE REVERSE SIDE HEREOF OR ATTACHED HERETO ARE CONSIDERED A PART OF THIS AGREEMENT.
ETHERIDGE PEST SERVICES**

By: _____

Randy Etheridge
David & Taylor Douglas

Accepted By: _____

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 09/30/2022)

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

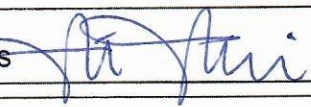
This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

Section 1: General Information (Pest Control Company Information)

Company Name: Etheridge Pest Services, Inc.
Company Address 3529 Burlington Mills Rd. City Wake Forest State NC Zip 27587
Company Business License No. 1065 PW Company Phone No. 919-554-4442
FHAVA Case No. (if any) _____

Section 2: Builder Information

Company Name BeQuest Homes  Phone No. 919-909-3493

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 1070 W Strickland Rd.

Section 4: Service Information

Date(s) of Service(s) 7-17-20
Type of Construction (More than one box may be checked) Slab Basement Crawl Other _____

Check all that apply:

- A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: Premise EPA Registration No. 432-1449
Approx. Dilution (%): 10% Approx. Total Gallons Mix Applied: 160 Treatment completed on exterior: Yes No
- B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____
- C. Bait system Installed
Name of System _____ EPA Registration No. _____ Number of Stations installed _____
- D. Physical Barrier System Installed
Name of System _____ Attach installation information (required)

Service Agreement Available? Yes No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

Name of Applicator(s) Randy Etheridge Certification No. (if required by State law) 1065 PW

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature  Date 10-19-20

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)