



**WORK AUTHORIZATION
(Price Sheet)**

Date:	Escrow No	Property Owner / Address
05/01/2024		2144 Country Pl. – Escondido, CA 92026-1336

Section I Local Treatment:	
7A,8A,11A	\$875.00
Section I Repairs:	
11B	\$475.00
Section II Other:	
10A	Bid upon request
Inspection Fee	\$95.00 Waived
Total of Recommended Work: \$1350.00	
*This quote is valid for 10 days.	

NOTICE TO OWNER

"Under the California Mechanic's Lien Law any structural pest control company which contracts to do work for you, any contractor, subcontractor, laborer, supplier or other person who helps to improve your property but is not paid for his or her work or supplies has a right to enforce a claim against your property. This means that after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your structural pest control company in full if the subcontractor, laborers, or suppliers remain unpaid.

To preserve their right to file a claim or lien against your property, certain claimants such as subcontractors or material suppliers are required to provide you with a document entitled "Preliminary Notice". Prime contractors and laborers for wages do not have to provide this notice. A Preliminary Notice is not a lien against your property. Its purpose is to notify you of persons who may have a right to file a lien against your property if they are not paid."

PLEASE READ, FILL OUT AND SIGN THE BOXED AREA BELOW:

Thank you for selecting Major League Pest to perform a Wood Destroying Pest and Organisms Inspection on your property. Our inspectors have determined that your property will benefit from the safe application of a chemical(s) listed below commonly used for structural pest control. In accordance with the laws and regulations of the State of California, we are required to notify you and your occupants with the following information prior to any application of chemicals to your property. Please take a few moments to read and become familiar with the content.

"State law requires you be given the following information: CAUTION - - PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Companies are registered and regulated by the Structural Pest Control Board and apply pesticides which are registered and approved for use by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized."

"If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center (800) 876-4766) and your pest control operator immediately"

For further information, contact any of the following: Your Pest Control Company Major League Pest (760) 737-6810; for health questions - - The Country Health Department: - The Country Health Department: Orange County Health Department (714) 834-3155, San Diego County Health Department (858) 694-2888, Los Angeles County Health Department (800) 427-8700, Riverside County Health Department (951) 358-5000, San Bernardino County Health Department (909) 884-4056; For Application information - - the County Agricultural Commissioner: Orange County Agriculture Commissioner (714) 955-0100, San Diego County Agriculture Commissioner (858) 694-2739, Los Angeles County Agriculture Commissioner (626) 575-5471, Riverside County Agriculture Commissioner (951) 955-3000, San Bernardino County Agriculture Commissioner (909) 387-2105; and for regulatory information - - the Structural Pest Control Board 2005 Evergreen St., Suite 1500, Sacramento, California 95815, (916) 561-8700."

Persons with respiratory or allergic conditions, or others, who may be concerned about their health relative to this chemical treatment, should contact their physician concerning occupancy during and after chemical treatment prior to signing this notice. Major League Pest will use pesticide chemical(s) specified below for the control of wood destroying pests & organisms in locations identified in this Wood Destroying Pests and Organisms Inspection Report. Reinspection of work completed by others is \$95.00 due at time of reinspection.

The pesticide(s) proposed to be used and the active ingredients are:

Vikane (Sulfuryl Fluoride)	Chloropicrin	Premise Foam (Imidacloprid)
Wasp & Hornet Jet Freeze (Pyrethrins)	Navigator (Fipronil)	Bora-Care (Disodium Octaborate Tetrahydrate)
Timbor (Disodium Octaborate Tetrahydrate)	Other: _____	

By executing this work authorization contract, customer acknowledges that he or she has been advised of the forgoing and has had the opportunity to consult with a qualified professional. **I OWNER/AGENT HAVE READ AND UNDERSTAND THE INSPECTION REPORT AND AGREE TO ALL THE TERMS AND CONDITIONS THEROF.**

I hereby authorize Major League Pest Control, Inc. to perform the following items: _____ **COST\$** _____

TILE WARRANTY (applies only when "Tile Warranty" is proposed under "Fumigation" above) **ACCEPT** **DECLINE** : _____

AUTHORIZED BY OWNER/AGENT/BUYER _____ **DATE:** _____

PHONE (HOME) _____ **(CELL)** _____ **(EMAIL)** _____



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Important Billing Information

Major League Pest must confirm payment information prior to any work being scheduled.

Please fill out the box below that applies.

() Homeowner paying directly:

20% down is due at time of scheduling service. ACH Transfers and checks are the primary payment method. Additionally, we accept all major credit cards. Credit cards are secured in our encrypted software. ***(Due to the rising costs of credit card fees, a surcharge of up to 4% will be imposed on all credit card transactions. Be advised, that there is no additional fee for payments paid with cash, checks, or ACH)***

Full legal name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*By signing this agreement you are required to pay the full remainder of work after 20% down upon completion of termite work at above mentioned property.

Signature: _____ Date: _____

() Billing escrow directly:

As a courtesy to our customers, we will bill an active escrow that is closing within 30 days of completed work.

Escrow Company: _____

Escrow Officer: _____ Phone: _____

Officer Email and/or Assistant's: _____

Close of escrow date: _____ Escrow #: _____

*By signing this agreement and selecting "Billing escrow directly" option you give consent that the completed termite work is part of the escrow transaction to be paid by escrow within 30 days of work completed.

Signature: _____ Date: _____