



COMMERCIAL SERVICE PROPOSAL

Account # _____ Date February 13, 2009

BILLING ADDRESS:

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

SERVICE ADDRESS:

Who to See Pam or Marty
Name Muskegon County Airport Administration office Phone 231 798 4596
Address 99 Sinclair City Muskegon State MI Zip 49441

We have made a careful inspection of your structure. Our inspection shows evidence of conditions conducive to an infestation of ladybugs spiders and occasional invaders which can be controlled by selecting our Rose Pest Management Program.

1. Service Pest management service will be rendered by Rose Pest Solutions for the elimination and prevention of:
x Roaches x Rats x Mice x Ants (excluding carpenter and pharaoh ants)

Other pest(s) to be controlled: Silverfish Spiders Ladybugs

Please Note: Insofar as Integrated Pest Management principles dictate that control strategies are customized for specific pest, this agreement and service guarantee are limited to the pests noted above.

2. Service Schedule Rose Pest Solutions will provide a regulary scheduled service program designed to correct existing and prevent future pest problems covered under this Agreement. The services will be scheduled as indicated one time(s) each month weekly Service areas included Treat entire facility. Exterior service foundation April, June. Foundation service up to 20 feet all entry points in August. Service rental portion as needed.

3. Guaranteed Service In the event a pest problem covered under this Agreement should occur between regularly scheduled service visits, Rose will return promptly to correct the pest problem at *no additional charge to you.*

4. Materials Used and Treatment All materials used shall conform to federal, state and local laws. The method of treatment and materials used will be prescribed to provide effective control, with your safety and care for your environment as major considerations. Should anyone at the service location be asthmatic or sensitive to petrochemicals, client agrees to promptly advise our office. Rose has provided a sheet entitled Risk/Benefit Information for Pesticide Applications. ON FILE

5. Client Cooperation If sanitation or structural problems exist which can contribute to pest problems, a report will be written and presented to the client's responsible person for corrective action. Client agrees to make every reasonable effort to correct such problems as soon as possible, and acknowledges that failure to do so may result in unsatisfactory results and the voiding of the service guarantee (paragraph 3 above).

6. Cost of Service The initial setup and service charge will be \$0.00 The initial equipment charge will be \$0.00 Thereafter, the regular charge will be \$35.00 per service for the next 12 months. Payment will be Collect Bill Year-In-Advance A payment discount of 5 % of the annual regular charges may be taken if service is paid a year in advance. The above price quote is guaranteed for 30 days starting from 2/13/2009.

7. Terms of Agreement This Agreement shall be in effect for an original period of one year. Thereafter, the Agreement shall renew itself from month to month until terminated by either party upon 30 days written notice.

Rose Pest Solutions:

3883 CLAY AVE SW, GRAND RAPIDS, MI 49548
Accepted by: RICH HOLLAND
Date 02/13/09 Phone 800 654 4395

Client:

Accepted by: see signed copy of agreement
Title: _____ Date 2/13/2009
Purchase Order # B9093166
Date to begin service _____

Rose District Manager's Approval

ORDER NOT FINAL UNTIL ACCEPTED BY ROSE CREDIT DEPARTMENT

INVOICE



The answer since 1860

**AMERICA'S
FIRST PEST CONTROL SERVICE**
HOME • INDUSTRIAL • COMMERCIAL

CLIENT NUMBER 60001072	INVOICE DATE 07/31/2009	INVOICE NUMBER 13412C
PAYMENT DUE DATE 08/16/2009	AMOUNT DUE 217.00	TERMS Net 10 Days
TYPE OF CREDIT CARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA		AMOUNT ENCLOSED
CREDIT CARD #	SEC CODE	EXPIRATION DATE

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T

MUSKEGON COUNTY AIRPORT
99 Sinclair Dr
Muskegon MI 49441-5542

9-2079 SIGNATURE _____

REMIT TO: ROSE PEST SOLUTIONS
P.O. BOX 309 • TROY, MI 48099-0309

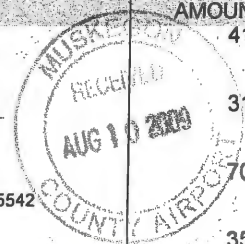


TO ENSURE PROPER CREDIT, DETACH AND ENCLOSE THIS TOP PORTION WITH YOUR PAYMENT.

PLEASE RETAIN THIS BOTTOM PORTION OF THE INVOICE FOR YOUR RECORDS.

PURCHASE ORDER NUMBER PO# B9093166	CLIENT NUMBER 60001072	INVOICE DATE 08/06/2009	INVOICE NUMBER 13412C
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DATE	APPOINTMENT #	DESCRIPTION	AMOUNT
07/20/2009	60346924	COAST GUARD STATION/MUSKEGON 186 W SINCLAIR Pest Control - Contract MUSKEGON, MI 49441	41.00
07/20/2009	60347787	MAINTENANCE BUILDING EXT 226 106 SINCLAIR DR Pest Control - Contract MUSKEGON, MI 49441	31.00
07/20/2009	60346925	MUSKEGON COUNTY AIRPORT 101 SINCLAIR DR Pest Control - Contract MUSKEGON, MI 49441-5542	70.00
07/20/2009 PO: B9093166	60347259	MUSKEGON CTY AIRPORT ADMIN OFFIC 99 SINCLAIR DR Pest Control - Contract MUSKEGON, MI 49441-5542	35.00
07/20/2009	60347260	MUSKEGON CTY AIRPORT EDA HANGEF 4860 PAUL CT Pest Control - Contract MUSKEGON, MI 49441-5565	40.00



no longer w/Rose - Emailed Rich Holland to ask to remove this from contract.

OK Attach

*9/11/09
Called Rose -
EDA hangs
off over
Service
Plan*

Check # A0583840 Check Date 8-14-09 Check Amt. _____
Banner Doc. # ID761928 PO# 89093166 Vendor No. V7737
Account Distribution: Fund 5810 A/P Sec _____
0536-931050 217.00 _____
Signed [Signature] Dept. Airport Rose 13412C Date 8/13/09



Billing / Service Questions
Call 616-534-5493

TOTAL AMOUNT DUE **217.00**

THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE.