

Branch Information
 EcoShield Pest Solutions North LA, LLC
 Hereafter "EcoShield Pest Solutions"
 9037 Owensmouth Ave
 Canoga Park, CA 91311
 (310) 295-9511
 northla@theshieldco.com
 License# PR6272



Termite Contract

Customer: **Karen Koepp**
 Service Address: **453 North Alfred Street**
 City: **Los Angeles** State: **CA** Zip: **90048**
 Phone: **(310) 779-8675** Email: **karenkoepp@gmail.com**

Proposal Date: **05/27/2026**
 Type of Service: Preventative
 Corrective
 Description of Evidence of Infestation or Damage and Structure(s) or Portions of Structure(s) to be Treated
 (SEE Diagram)

Covered Wood-Destroying Insects under this Warranty (ONLY what is marked):

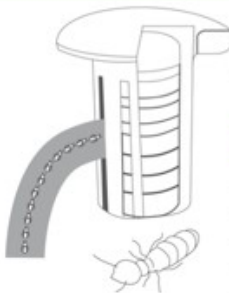
- Subterranean Termites (ST) Other Wood-destroying Insects (OW)
 Drywood Termites (DT) Other:
 Dampwood Termites (DW)

Method of Treatment

- Liquid Termiticide(s): Foam: **Termidor foam**
 Bait Monitoring: Other:

Alternative Treatment or Method:

- Termite bait monitoring stations installed - # of stations:
 The following termiticide used:
 at an additional cost of: \$
 The following alternative or Integrated Pest Management option:
Local treatment attic space 3 areas



Price (Good for 30 days, after which price is subject to change)

Noted Treatment:	\$1,200.00
Other:	\$
Subtotal:	\$1,200.00
Tax:	\$0.00
Total Charge:	\$1,200.00
Annual Renewal	\$0.00

\$150.00 early termination station removal fee if customer requests removal before first year ends.

Payment Information

Karen Koepp Credit Card # * * * * * 2005
 Expires: 03/2027
 You, the customer, may cancel this transaction any time prior to midnight of the third business day after the date of this transaction by giving written notice of cancellation to EcoShield Pest Solutions. If for any reason, at any time, the contract is canceled before its completion, and the initial service has been performed, customer agrees to pay any unpaid balance of the full initial service charge. Upon completion of this agreement treatments will continue at the same frequency until canceled by the customer or EcoShield Pest Solutions. EcoShield Pest Solutions is authorized to charge this account for the agreed upon amount above. **KLK**
 I hereby authorize EcoShield Pest Solutions to automatically bill my debit/credit card on file after the initial service and each following subsequent service. I acknowledge and understand that my consent to automatic billing may only be revoked upon written notice to EcoShield Pest Solutions at northla@theshieldco.com, and the revocation will only be effective following a reasonable opportunity to cancel the automatic billing and after any pending service charge is paid.

Customer signed on: Wednesday, 05/27/2026

Authorizations

- No Warranty One-Year Warranty
Frank Barile **FR62855**
 Printed Name of Inspector Inspector's License Number

Additional terms on the following pages are part of this Agreement, including an agreement to arbitrate any disputes. Please read all terms before signing.

Customer's Authorization & Acceptance By signing below, if I provide EcoShield Pest Solutions with debit or credit card payment information, I authorize EcoShield Pest Solutions to debit or charge for the services stated in this Agreement. I hereby authorize EcoShield Pest Solutions to contact me by email, text, or phone (including an automatic dialing system or artificial/prerecorded voice) at the phone number(s) above. I confirm that my email address is entered correctly and agree to receive my agreement, additional disclosures, product usage notifications, label information before and after service, information on additional services, and future account notifications electronically.

Customer signed on: Wednesday, 05/27/2026

Karen Koepp
 Printed Name

This signature indicates the customer is paying in full:

Customer signed on: Wednesday, 05/27/2026