

SPECIFICS FORM

BILLING INFORMATION:

CUSTOMER(S): _____
Prefix Last First Middle Initial

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SERVICE ADDRESS: _____

PHONE NUMBER: day: _____ - _____ - _____ evening: _____ - _____ - _____
_____ - _____ - _____

EMAIL: _____ @ _____
_____ @ _____

BILLING ADDRESS: _____
(if different from above) _____

Would you like us to send bills to your email instead? (circle one) YES or NO

PREFERENCES: (please circle preferred options)

Preferred communication method: Cell Phone, Home Phone, Email, Fax, Mail.

SERVICE DAYS: Monday, Tuesday, Wednesday, Thursday, Friday.

SERVICE TIMES: Morning, Afternoon, Open.

DO NOT COME: Times: _____ Days: _____

DO YOU WANT US TO MANAGE YOUR IRRIGATION? (circle one) YES or NO

If yes, location of irrigation controller(s): _____

MAXIMUM IRRIGATION REPAIRS TO BE AUTOMATICALLY BILLED FOR:

(circle one) \$25 \$50 \$75 \$100 \$_____

Note: if you cannot be reached and require approval we may need to make a special visit for repairs, this would be \$100 minimum if done by our construction foreman.

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PREFERENCES, PRIORITIES, AND SPECIAL INSTRUCTIONS:

PESTS: are there any known pests? _____

ORGANIC? (circle one) STRICTLY ORGANIC or AS NEEDED or _____

(We will otherwise occasionally use non-organic sprays on poison oak and other tough pests)

YOU WILL PERFORM YOURSELF (WE WILL NOT DO)

CALVIN FILLS OUT:

SERVICE: Weekly, Biweekly, Monthly.

LENGTH OF SERVICE: _____ Hour(s)

SERVICE RATE: \$_____ for two people per service

BILLING PERIOD: 1st through end of month, payment due on the 15th _____

(check one) 16th through 15th, due by last day of the month _____

LANDSCAPE MAINTENANCE AGREEMENT

Is hereby entered into on this day between Calvin C Craig Landscaping and _____ (print name), referred to as client, located at the service address listed above.

This agreement may be terminated at any time within 15 days written notice by either party.

Signed _____ Date _____