



John Stoll Office (615) 891-3266
 Fax (615) 891-3259

One Time Service/Special Service Agreement

Account/Customer Name: Town of Ashland City - Police Department # _____

Franchisee Name: _____ # _____

Address of Service: 233 TN Waltz Pkwy Ashland City, TN 37015	Billing Address (if Different):
Phone: 615-934-4096 Email: gbowman@ashlandcitytn.gov Alternative/Cell Phone:	Contact: Gayle Bowman Title:
Service Fee: \$300.00 Balance due net 30 days	Service Date: M T W Th F S Su (Circle One) TBD
Sq. Feet of Service Area: 200	Service Completion Date:
Floor Type: VCT	Restrictions, if any:
Equipment Required: Slow Speed Scrubber	Chemicals Required: Stripper & Wax
<u>Disclosure:</u> Every effort will be made to restore your floor to "like new" condition. Aged, stained, or worn tile may not come completely clean, and may show some residual staining. Loose tile may cause warping or may come completely loose from floor. Stratus is not responsible for loose tile, stains, worn spots or warping.	
Customer: _____ Date: _____	

Types of Service to be Completed: **full-service strip & wax floors in TWO (2) restrooms**

Strip & Wax VCT Flooring

Complete strip and wax: Chemical strip and low speed machine scrub to original tile, removing all old wax and dirt. Detail edges and corners by hand. Mop, dry & vacuum. →Apply 5 coats of premium wax.

**Includes light furniture removal and replacement. It is assumed that all heavy articles that the customer wishes floor services performed under will be removed by customer prior to commencement of floor care service and replaced by customer following completion of service.

Description of Other:

Terms and Conditions:

- Cleaning chemicals, equipment and tools necessary to perform the service will be provided unless chemicals, equipment or supplies are to be provided by the Customer. Water, light and power necessary to perform the service are the responsibility of the Customer.
- Service to be provided by a trained technician, carrying comprehensive liability insurance covering material damage and/or personal injury.
- Customer shall be responsible to pay in addition to the above service fee, required taxes payable on the above services.
- Invoicing will occur on the first business day after the date of service indicated** and the amount due will be payable pursuant to the terms indicated on the invoice unless otherwise agreed in writing. A copy of this contract will be left in your Log Book on the day of service for acceptance and approval. Please sign and fax to the Support Center. Any concern about their service should be reported immediately. Failure to notify of non-acceptance of service within 5 days of the service will deem the service acceptable.
- In the event of delay in payment more than 30 calendar days beyond the due date, an interest charge not to exceed 2% or the amount legally allowed within the state in which service is provided, whichever is less, may be assessed by Stratus.

AGREEMENT TERMS ACCEPTED BY: (Customer) _____ **DATE:** _____

Sign _____ Print _____

SERVICE COMPLETED & ACCEPTABLE: (Customer) _____ **DATE:** _____

Sign _____ Print _____

STRATUS REPRESENTATIVE: _____ **DATE:** _____

Sign _____ Print _____

Note: All Service Providers maintain comprehensive liability insurance and where applicable, worker's compensation coverage. THIS IS NOT AN INVOICE.