



FAX TO: _____

One Time Service/Special Service Agreement

Account/Customer Name: The Senior Center at Ashland City

Franchisee Name: _____ # _____

Address of Service: 104 Ruth Drive Ashland City, TN 37015	Billing Address (if Different):
Phone: Email: Alternative/Cell Phone: 615-792-3629	Contact: Gena Batts Title: Director
Service Fee: \$1700.00	Service Date:
Sq. Feet of Service Area:	Service Completion Date:
Floor Type: Vinyl Composite Tile	Restrictions, if any:
Equipment Required:	Chemicals Required:
<u>Background/Drug Screenings:</u> If the Customer requires background and/or drug screenings of all persons servicing its facility, Franchisee by signing this Special Service Agreement agrees to submit to such screenings and to require its employees to do likewise. Franchisee agrees to pay all screening charges.	
Franchisee: _____ Date: _____	

Types of Service to be Completed

Complete strip and refinish of existing VCT. Chemical strip off and cleaning of existing wax on floor area, including corners & edges throughout facility in common areas, offices, hallways, restrooms and closets etc... Floor will be refinished with 5 coats of premium wax. Moving large, heavy furniture such as desks etc...is not included in this quotation.

Description of Other:

Terms and Conditions:

1. 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.
2. Service to be provided by a trained technician, carrying comprehensive liability insurance covering material damage and/or personal injury.
3. Customer shall be responsible to pay in addition to the above service fee, required taxes payable on the above services.
4. **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.
5. 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:** _____

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

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STRATUS REPRESENTATIVE: (Operations) **DATE:**

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

PINK-REGIONAL OFFICE