

PREMIUM

Lawn care & Maintenance Inc.

402 County Road 250
Burnet, Texas 78611(512) 507-7526
premium@premiumtx.com

Lawn care and Maintenance Service Agreement

Name Burnet County Courthouse Telephone (h) _____ (w) _____ (c) 512.755.9603
 Service Address 200 S Pierce Burnet Zip 78611 Turf Type St. Augustine
 Billing Address _____ Zip _____ Sq. Ft. 21,700
 Email: maintsupervisor@burnetcountytexas.org Gate Code: _____

CARE SERVICES

- FERT/WEED PROGRAM: Provides (5) applications per year to your turf. 5 @ \$ 177 \$ 885 yearly.
**First application follow-up ** \$ _____
- INSECT CONTROL: Provides coverage for turf damaging insects as needed. \$ _____ yearly.
- DISEASE CONTROL: Provides coverage for active and preventative treatments. \$ _____ yearly.
- FIRE ANT CONTROL: Provides coverage for active and preventative treatments. _____ @ \$ _____ \$ _____ yearly.
- SHRUB CARE: Provides fertilizer, insect and disease coverage as needed. _____ @ \$ _____ \$ _____ yearly.

MAINTENANCE SERVICES

- PREMIUM SERVICE: Includes mow, edge, blow, trim shrubs, weed beds and leaf cleanup, weekly or as needed _____ visits at \$ _____ each \$ _____ yearly.
- STANDARD SERVICE: Includes mow, edge, blow weekly or as needed _____ visits at \$ _____ each \$ _____ yearly.
- BASIC SERVICE: Includes mow, edge, blow (EOW) or as needed _____ visits at \$ _____ each \$ _____ yearly.

IRRIGATION SERVICES

- IRRIGATION: Check Irrigation System Monthly 12 visits at \$ 90 each \$ 1080 yearly.
 (Repairs billed separately)

In order to provide our customers with the best possible service, it is important that you stay consistent with whichever program you choose. Irregular maintenance and care schedules are not considered beneficial to the integrity and aesthetic appeal of the lawn. Please notify our office if there is a problem financially or otherwise, so that we may work with you to provide a professional solution.

PAYMENT TERMS

In consideration of the foregoing services, the undersigned agrees to pay Premium Lawn care & Maintenance Inc. in the following manner:

Payable at: Care \$ 885 (plus tax if applicable) on a _____ basis.
 Maintenance \$ _____ (plus tax if applicable) on a _____ basis.
 Irrigation \$ 1080 (plus tax if applicable) on a _____ basis.
 Total Maintenance Cost \$ _____ monthly / \$ 1965 yearly.

Vinton Stanfield

PREMIUM Lawn care & Maintenance Inc.

[Signature]
 Authorized Signature