



FAX SIGNED FORM TO: 805-856-9067

EMAIL SIGNED FORM TO: chris.young@coverall.com

One Time Service/Special Service Agreement

Customer Name: River Oaks Academy Customer # _____

Franchised Business Name: _____ Franchise # _____

| | | |
|---|---|------------------------|
| Address of Service: 920 Hampshire Road Suite X Westlake Village, CA 91361 | | Purchase Order # _____ |
| Billing Address: 920 Hampshire Road Suite X Westlake Village, CA 91361 | | |
| Main Contact: Beverly Matsumura | Service Days: Mon Tue Wed Thu Fri Sat Sun | |
| Main/Cell Phone: _____ Fax #: _____ | Start Date: _____ | |
| Email: _____ | Completion Date: _____ | |
| Total Service Fee \$ 645 | (Plus applicable tax) | Square Feet: 1843 |

Service Description:

| | | | |
|------------------------------------|------------------------|-------------------------------|-------------------------------------|
| Initial Clean | Hard Floor Care | Carpet/Upholstery Care | Other Misc. Special Services |
| Special Function Clean-Up | ✓ Strip and Refinish | Hot Water Extraction | Additional day of service |
| Blind Cleaning | Scrub and Recoat | Low Moisture/Encapsulation | _____ |
| Interior Windows | Spray Buffing | Furniture/Fabric Cleaning | _____ |
| Exterior Windows | Burnishing | | _____ |
| No Touch Restroom Machine Cleaning | Machine Scrub | | _____ |
| Decontamination/Terminal Clean | Grout Cleaning | | _____ |

Other: (include description and comments below)

All VCT floor throughout.
\$0.35 (35 cents) per sq. ft.

Terms and Conditions:

- Cleaning chemicals, equipment and tools necessary to perform the service will be provided by the Franchised Business, unless otherwise specified herein. Water, light and power necessary to perform the service are the responsibility of the Customer. Any additional items required for performance of the services must be included in "Other/Comments" section above.
- Service to be provided by a Coverall Franchised Business or subcontractor.
- Customer shall be responsible to pay the above Service Fee upon completion, plus any taxes due on services.
- Invoicing will occur on the first business date after the date indicated and the amount due will be payable pursuant to the terms indicated on the invoice (NET 10 Days) unless otherwise agreed in writing. Any concern about the service should be reported to the Coverall Support Center immediately. Failure to notify Coverall's Franchised Business and/or Support Center in writing of any service issues within 5 calendar days of the service will deem the services performed acceptable.
- In the event of delay in payment of more than 30 calendar days beyond the due date, an interest charge not to exceed 1.5% or the amount legally allowed within the state in which service is provided, whichever is less, may be assessed.

Agreement Terms Accepted By (CUSTOMER): _____ Sign _____ Print _____ Date: _____

Services Completed & Acceptable (CUSTOMER): _____ Sign _____ Print _____ Date: _____

Franchised Business: _____ Sign _____ Print _____ Date: _____

Coverall: _____ Sign _____ Print _____ Date: _____

NOTE: All Coverall Franchised Businesses and Subcontractors maintain commercial liability insurance and where applicable, worker's compensation coverage. THIS IS NOT AN INVOICE.