

SHIP8, INC.

ATTN: ACCOUNTS PAYABLE
45875 NORTHPORT LOOP EAST
FREMONT, CA 94538

US

AP.SHIP8@SHIP8.COM

ORDER FROM

100582

ROLLINS INC DBA ORKIN, LLC
1018 LYNES AVE
SAVANNAH, GA 31415

SHIP TO

SD3(3000),
SHIP8, INC.
ATTN: CHRISTINE JENKINS
311 INTERNATIONAL TRADE PARKWAY
PORT WENTWORTH, GA 31407
US

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

Vendor Item No.

BLD027 - PEST CONTROL

Vendor Item Description

BLD027 - PEST CONTROL setting up 12 cat traps

Qty Ordered

1.00

UOM

Each

Unit Price

2,000.00

Extended Price

JMW 7-10/24

Total Extended Price =



SHIP8 INC.

DATE 7/19/2024
WHS LOCATION SD3
DEPARTMENT Maintenance

SUPPLIER / VENDOR:

NAME _____
ADDRESS Orkin Pest Control
CONTACT _____
TEL NO. _____

SHIP TO:

NAME Ship8 Inc
ADDRESS 550 NorthPort Parkway Port Wentworth GA, 31407
CONTACT Christine Jenkins
TEL NO. 912-373-7778 ext 3751

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
	Cat Treatment	2000.00	1	2000.00	They will set up 12 cat traps	
					cats are in the WH setting up the alarm sensors	
ESTIMATED TOTAL				2000.00		

Check box if attaching quote

REQUESTER SIGNATURE: _____
 WAREHOUSE DIRECTOR SIGNATURE: Edward Maxwell
 SHIP8 PRESIDENT SIGNATURE: _____
 E&E CONTROLLER SIGNATURE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE): _____

DATE: _____
 DATE: 7-19-24
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

ORDER DATE: _____	ORDERED BY: _____
ETA DATE: _____	ORDERED AMOUNT: _____
PAYMENT METHOD: (Please check one) <input type="checkbox"/> OPEN ACCOUNT (VENDOR BILL) <input type="checkbox"/> COD / PREPAID <input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER <input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	
Provide REQ # to vendor for invoicing, submit approved requisition form to A/P for payment processing Submit approved requisition form and vendor invoice to Controller for COD/prepaid check Submit approved requisition form and receipt to Credit Card Holder Attach approved requisition form and receipt to employee's expense report for reimbursement.	

24070814



Commercial Payment Options

COMMERCIAL SERVICES

Please Verify Billing Address & Contact Information:

Company Name: Ship 8 Service Rate: 2000.00
 Attention to: Patrick Andreshak Customer PO # 24070814
 Billing Address: 45875 North Port Loop E
Fremont California 94538
 Billing Telephone: (510) 490-9788 Fax: _____
 Billing Contact Person: James Buford Title: _____
 E-mail Address: ap.ship8@ship.com

Please Verify Service Address & Contact Information (IF DIFFERENT):

Service Name: Ship 8
 Service Address: 311 International Trade Center PKWY Port Wentworth, Georgia 31407
 Service Telephone: (912) 414-6118 Fax: _____
 Service Contact Person: Patrick Andreshak Title: _____

Please Initial One of the Following Payment Methods:

EasyPay Easy Payment Program - You can pay for your service with a credit card or bank check card by joining our EasyPay Easy Payment Program. Understand that you will pay in full for the initial service. Then your credit card or bank check card will be **automatically** charged monthly beginning in _____ (month). Preferred Charge Date (on or after the 6th of the month): _____
 I (we) understand that while a service may or may not be performed every month, the monthly charge is one twelfth of the annualized fee for that service.

Automatic Payment Program - You can pay for your service with your credit card or bank check card by joining our Automatic Payment Program. Complete the authorization below and your credit card or bank check card (displaying the Visa, MasterCard or Discover logo) will be charged when your service is rendered.

Save 4% by Paying a Year in Advance - The easiest way to pay for your service is to pay for the entire year in advance with a single payment. If you choose this option, Orkin will give you a 4% discount on the present rate.

One time Charge - You can pay your specialist for services rendered by using your credit card or bank check card. Simply complete the authorization below and your credit card or bank check card (Displaying the Visa, MasterCard, or Discover logo) will be charged.

XXX **Pre-Bill (Pay Net 30 Days)** - Orkin will pre-bill at the beginning of each month. This statement will show the month's scheduled services plus any past due amount. (Please verify billing information.)

Pay Your Specialist - Our specialists can take your payment in the form of a check or cash after your service has been completed to your satisfaction.

Payment for Initial Service: Credit Card Check at Time Of Sale Other

(Customer has the option to change payment options at any time)

AUTOMATIC PAYMENT AUTHORIZATION - For EasyPay OR AutoPay

I (we) authorize our credit card or bank check card company on file with Orkin to tender payment to ORKIN for services rendered, when it is charged, and to post the payment to our account. Orkin accepts Visa, MasterCard and Discover.

Card on File

New Card Entered into BOSS Mobile

Orkin is authorized to initiate debit entries against our credit card or bank check card account listed here for the regularly scheduled services as listed above. I (we) authorize the credit card or bank check card company to accept any debit entries initiated by Orkin to be debited from the account. I (we) have the right to cancel this automatic payment authorization by submitting to Orkin written notice 30 days in advance of the intended termination of this authorization. This authorization will remain in effect until Orkin has received that written notification of termination. It is the customer's responsibility to copy or notify the credit card or bank check card company that this authorization is being cancelled. Cancellation of the automatic payment authorization does not cancel the pest control service agreement or the customer's responsibilities thereunder.

Date 7/18/24 Signature _____

For Office Use Only

Administered by _____ Date _____ one time recurring

Customer Email: patrick.andershak@ship8.com

24070819



GEORGIA SPECIAL SERVICE AGREEMENT

THIS AGREEMENT IS CONTINGENT UPON THE APPROVAL AND SIGNATURE OF THE ORKIN BRANCH MANAGER, WHO HAS THE SOLE AUTHORITY TO EXECUTE IT ON BEHALF OF ORKIN.

ROUTE # 18	GRID #	SERVICE DAY	BUSINESS TYPE	DATE 7/18/24
ACCOUNT NAME (CUSTOMER) Ship 8			BRANCH OFFICE 254	PHONE 9122380404
SERVICE ADDRESS: NUMBER, STREET 311 International Trade Center PKWY			BILLING ADDRESS: NUMBER, STREET 45875 North Port Loop E	
CITY, STATE, ZIP CODE Port Wentworth Georgia 31407			CITY, STATE, ZIP CODE Fremont California 94538	
TYPE AND NO. OF STRUCTURES TO SERVICE			PERSON TO CONTACT Patrick	
PESTS TO BE TREATED (SPECIFIC OCCASIONAL INVADERS) (DO NOT ABBREVIATE) Set Large traps in warehouse and remove animal			SERVICE PHONE 9125077881	OFFICE PHONE
PROBLEM AREAS Warehouse			PRODUCTS PURCHASED NONE	
SPECIAL INSTRUCTIONS <input checked="" type="checkbox"/> 1 TREATMENT <input type="checkbox"/> 2 TREATMENTS <input type="checkbox"/> (OTHER)			I agree to pay Orkin Pest Control the below amount at this time for treatment of the pest(s) indicated. SERVICES RENDERED \$ 2,000.00 PAYMENT MADE BY: PRODUCTS PURCHASED \$ 0.00 <input type="checkbox"/> PO # _____ SALES/SERVICE TAX \$ 0.00 <input type="checkbox"/> CHECK <input type="checkbox"/> CASH AMOUNT DUE \$ 2,000.00 <input type="checkbox"/> COMPLETE EASY PAYMENT FORM AMOUNT PAID (\$ _____) BALANCE DUE \$ 2,000.00	

This Special Service Agreement is guaranteed for 30 days only, and WILL NOT provide permanent control. For CONTINUOUS protection and control, we strongly recommend a REGULAR PEST CONTROL SERVICE.

Service Exclusions: 1. Services Requiring a Separate Agreement: The Customer understands that this Agreement does not cover Bed Bugs, Carpenter Ants, Fire Ants, or Mosquitoes. Service for these pests requires a separate Agreement or Addendum. The requirement of a separate agreement or addendum cannot be waived by the Customer or any employee or agent of Orkin. 2. Additional Exclusions: This Agreement does not cover Brown Recluse Spiders or mold or mold-like conditions. This exclusion can not be waived by the Customer or any employee or agent of Orkin. The Customer expressly releases Orkin from liability for any claim for personal injury (including stings or bites from fire ants, spiders, or any other pests) or property damage (to include the structure or contents) caused by any pests. **Limitation of Liability:** The Customer expressly releases Orkin from liability for any claim for personal injury (including stings or bites from any pests) or property damage (to include the structure or contents) caused by any pests. The Customer agrees that under no circumstances shall Orkin be liable for any amount greater than the amount paid by the Customer to Orkin for the services to be provided. In no event will Orkin be responsible for consequential damages for loss of use of property. Any claim by the Customer for damages must be made in writing within one (1) year of the incident at issue or it will be deemed waived. **Indemnification:** The Customer agrees to defend, indemnify and hold harmless Orkin, its directors, officers and employees, agents and representatives, from and against any and all claims, lawsuits, losses, penalties, damages, expenses (to include reasonable attorney's fees), settlements, costs, charges and liabilities of every kind and nature arising out of or relating to any and all claims, demands, obligations, actions, proceedings or causes of actions of every kind and character, including injury to person or property of whatsoever kind and nature in connection with the services provided hereunder (hereinafter "Claim"), unless such Claim is caused by the gross negligence or willful misconduct of Orkin.

Kevin Penn 1120734

ORKIN INSPECTOR
23 Bryce Industrial Dr
BRANCH ADDRESS: STREET
Garden City Georgia 31405
CITY, STATE, ZIP CODE

DATE: **7/18/24**

Management Approval - This agreement has been verified and monies have been received as indicated.
Accepted By:
Signature Owner Lessee Agent
Title _____

MEDIATION/ARBITRATION: ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE SERVICES PERFORMED BY ORKIN UNDER THIS AGREEMENT OR ANY OTHER AGREEMENT, REGARDLESS OF WHETHER THE CONTROVERSY OR CLAIM AROSE BEFORE OR AFTER THE EXECUTION, TRANSFER OR ACCEPTANCE OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY TORT AND STATUTORY CLAIMS, AND ANY CLAIMS FOR PERSONAL OR BODILY INJURY OR DAMAGE TO REAL OR PERSONAL PROPERTY, SHALL BE SETTLED BY BINDING ARBITRATION. UNLESS THE PARTIES AGREE OTHERWISE, THE ARBITRATION SHALL BE ADMINISTERED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA") AND SHALL BE CONDUCTED BY AAA. IF ADMINISTERED UNDER THE AAA RULES, A CLAIM SHALL BE DETERMINED UNDER THE AAA SUPPLEMENTARY PROCEDURES FOR CONSUMER-RELATED DISPUTES IN CASES WHERE SUCH PROCEDURES ARE APPLICABLE. ANY OTHER CONTROVERSY OR CLAIM SHALL BE DETERMINED UNDER THE AAA COMMERCIAL ARBITRATION RULES. THE CUSTOMER AND ORKIN AGREE THAT THE ARBITRATOR SHALL FOLLOW THE SUBSTANTIVE LAW, INCLUDING THE TERMS AND CONDITIONS OF THIS AGREEMENT. THE ARBITRATOR'S POWERS TO CONDUCT ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT SHALL BE LIMITED AS FOLLOWS: ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT WILL NOT BE CONSOLIDATED OR JOINED WITH ANY ACTION OR LEGAL PROCEEDING UNDER ANY OTHER AGREEMENT OR INVOLVING ANY OTHER PREMISES, AND WILL NOT PROCEED AS A CLASS ACTION, PRIVATE ATTORNEY GENERAL ACTION OR SIMILAR REPRESENTATIVE ACTION. EITHER PARTY HAS THE RIGHT TO REQUIRE A PANEL OF THREE (3) ARBITRATORS, BUT IN THE ABSENCE OF THE PARTIES' AGREEMENT, THE REQUESTING PARTY SHALL BE RESPONSIBLE FOR THE COST OF THE ADDITIONAL ARBITRATORS. EITHER PARTY MAY REQUEST AT ANY TIME PRIOR TO THE HEARING THAT THE AWARD BE ACCOMPANIED BY A REASONED OPINION. THE AWARD RENDERED BY THE ARBITRATOR(S) SHALL BE FINAL AND BINDING ON ALL PARTIES, EXCEPT THAT A PARTY MAY WITHIN 30 DAYS OF THE ORIGINAL AWARD REQUEST AN ARBITRAL APPEAL TO AN APPEAL TRIBUNAL CONSTITUTED IN THE SAME NUMBER AND BY THE SAME PROCESS AS THE INITIAL ARBITRATOR(S). THE APPEALING PARTY SHALL BE RESPONSIBLE FOR THE FILING FEE AND OTHER ARBITRATION FEES AND COSTS SUBJECT TO AWARD BY THE APPEAL TRIBUNAL UNDER APPLICABLE LAW. THE APPEAL TRIBUNAL SHALL REVIEW ALL QUESTIONS OF LAW AND FACT UNDER A CLEARLY ERRONEOUS STANDARD. THE AWARD OF THE APPEAL TRIBUNAL SHALL BE FINAL AND BINDING. JUDGMENT MAY BE ENTERED ON THE AWARD IN ANY COURT HAVING JURISDICTION THEREOF. CUSTOMER AND ORKIN ACKNOWLEDGE AND AGREE THAT THIS ARBITRATION PROVISION IS MADE PURSUANT TO A TRANSACTION INVOLVING INTERSTATE COMMERCE AND SHALL BE GOVERNED BY THE FEDERAL ARBITRATION ACT, BEFORE HAVING RECOURSE TO ARBITRATION, CUSTOMER AND ORKIN EACH AGREES TO TRY IN GOOD FAITH TO SETTLE ANY CONTROVERSY OR CLAIM BY AT LEAST FOUR (4) HOURS OF MEDIATION ADMINISTERED UNDER THE AAA COMMERCIAL MEDIATION RULES WITH ORKIN AGREEING TO PAY THE COSTS OF THE MEDIATION.

CHEMICAL INFORMATION WARNING: Virtually all pesticides have some odor which may be present for a period of time after application. If you or any member of your household believes you have a sensitivity to chemical odor or chemicals, Orkin recommends that you not have an initial or a subsequent service performed at your premises until you have consulted with your family physician. At your request, Orkin will provide information about the chemicals to be used in treating the premises.

INSURANCE: The Georgia Structural Pest Control Act requires all pest control companies to maintain insurance coverage. Information about this coverage is available from this pest control company.

ELECTRONIC COMMUNICATION ACKNOWLEDGEMENT STATEMENT: In accordance with state regulations, pest control companies have a responsibility to provide you with a record every time a pesticide product and/or pest system is applied. This record is required to be provided to the property owner, resident or custodian of the property. This record may include post-application precautionary information. Licensed and regulated by the Georgia Department of Agriculture, 19 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-3641.

I understand and request that my pesticide use records be provided or made available to me electronically.
Signature of owner, resident or custodian of the property _____ Date **7/18/24**

CANCELATION: CUSTOMER MAY CANCEL THIS AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION.



Agreement Number _____ (Same as on Agreement)

24070019
7/18/24
Enter Date of Transaction

NOTICE OF CANCELLATION

YOU MAY CANCEL THIS TRANSACTION, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE ABOVE DATE. IF YOU CANCEL, ANY PROPERTY TRADED IN, ANY PAYMENTS MADE BY YOU UNDER THE AGREEMENT OR SALE, AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN 10 BUSINESS DAYS FOLLOWING RECEIPT BY THE SELLER OF YOUR CANCELLATION NOTICE, AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELLED.

IF YOU CANCEL, YOU MUST MAKE AVAILABLE TO THE SELLER AT YOUR RESIDENCE, IN SUBSTANTIALLY AS GOOD CONDITION AS WHEN RECEIVED, ANY GOODS DELIVERED TO YOU UNDER THIS AGREEMENT OR SALE; OR YOU MAY, IF YOU WISH, COMPLY WITH THE INSTRUCTIONS OF THE SELLER REGARDING THE RETURN SHIPMENT OF THE GOODS AT THE SELLER'S EXPENSE AND RISK.

IF YOU DO MAKE THE GOODS AVAILABLE TO THE SELLER AND THE SELLER DOES NOT PICK THEM UP WITHIN 20 DAYS OF THE DATE OF YOUR NOTICE OF CANCELLATION, YOU MAY RETAIN OR DISPOSE OF THE GOODS WITHOUT ANY FURTHER OBLIGATION. IF YOU FAIL TO MAKE THE GOODS AVAILABLE TO THE SELLER, OR IF YOU AGREE TO RETURN THE GOODS TO THE SELLER AND FAIL TO DO SO, THEN YOU REMAIN LIABLE FOR PERFORMANCE OF ALL OBLIGATIONS UNDER THE AGREEMENT.

TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE OR ANY OTHER WRITTEN NOTICE TO ORKIN, LLC.

AT **23 Bryce Industrial Dr** **Garden City** **Georgia** **31405** NOT LATER
(Address of Seller's place of business — Orkin Branch Office)

THAN MIDNIGHT OF _____ I HEREBY CANCEL THIS TRANSACTION.
Date — Three Business Days After Date of Transaction

Date Buyer's Signature **Patrick Andreshak** Buyer's Name (Print)



Agreement Number _____ (Same as on Agreement)

7/18/24
Enter Date of Transaction

NOTICE OF CANCELLATION

YOU MAY CANCEL THIS TRANSACTION, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE ABOVE DATE. IF YOU CANCEL, ANY PROPERTY TRADED IN, ANY PAYMENTS MADE BY YOU UNDER THE AGREEMENT OR SALE, AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN 10 BUSINESS DAYS FOLLOWING RECEIPT BY THE SELLER OF YOUR CANCELLATION NOTICE, AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELLED.

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AT **23 Bryce Industrial Dr** **Garden City** **Georgia** **31405** NOT LATER
(Address of Seller's place of business — Orkin Branch Office)

THAN MIDNIGHT OF _____ I HEREBY CANCEL THIS TRANSACTION.
Date — Three Business Days After Date of Transaction

Date Buyer's Signature **Patrick Andreshak** Buyer's Name (Print)

(CUT OR TEAR ALONG DOTTED LINE)

ORKIN CAN BEGIN WORK AS SOON AS POSSIBLE. PERMISSION, HOWEVER, SHALL NOT BE CONSTRUED AS A WAIVER OF ANY OF MY RIGHTS UNDER THIS NOTICE OF CANCELLATION.

YES NO _____ **7/18/24**
Buyer's Signature Date

(THE BOTTOM PORTION OF THIS FORM MUST BE ATTACHED TO THE LOCATION COPY OF THIS AGREEMENT.)

Penn, Kevin <kpenn@orkin.com>
To: Edward Maxwell; Christine Jenkins; Patrick Andreshack
Cc: James Burford; Eshelman, Erik <eeshelma@Rollins.com>

There is only a one-time charge per the agreement for this service you will not be charged monthly. The reason it was checked on the payment for is because of the net 30 pay out.

\$1750 for trap usage and checking of traps for a minimal seven days.
\$250 for removal and rehomeing



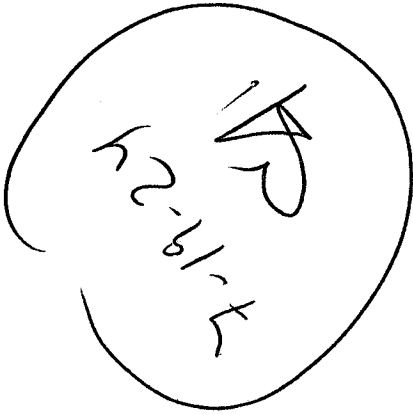
Kevin Penn
Commercial
Account Manager
kpenn@orkin.com



M 912-657-5340
T 912-238-0404
23 Bryce Industrial D
Garden City, GA
31405
orkin.com



Join the Best in Pests™
careers.orkin.com





PEST CONTROL
World's Best

GEORGIA SPECIAL SERVICE AGREEMENT

THIS AGREEMENT IS CONTINGENT UPON THE APPROVAL AND SIGNATURE OF THE ORKIN BRANCH MANAGER, WHO HAS THE SOLE AUTHORITY TO EXECUTE IT ON BEHALF OF ORKIN.

ROUTE # 18	GRID #	SERVICE DAY	BUSINESS TYPE	DATE 7/18/24
ACCOUNT NAME (CUSTOMER) Ship 8		BRANCH OFFICE 254	PHONE 9122380404	
SERVICE ADDRESS: NUMBER, STREET 311 International Trade Center PKWY		BILLING ADDRESS: NUMBER, STREET 45875 North Port Loop E		
CITY, STATE, ZIP CODE Port Wentworth Georgia 31407		CITY, STATE, ZIP CODE Fremont California 94538		
TYPE AND NO. OF STRUCTURES TO SERVICE		PERSON TO CONTACT Patrick		
PESTS TO BE TREATED (SPECIFIC OCCASIONAL INVADERS) (DO NOT ABBREVIATE) Set Large traps in warehouse and remove animal		SERVICE PHONE 9125077881	OFFICE PHONE	
PROBLEM AREAS Warehouse		PRODUCTS PURCHASED NONE		
SPECIAL INSTRUCTIONS <input checked="" type="checkbox"/> 1 TREATMENT <input type="checkbox"/> 2 TREATMENTS <input type="checkbox"/> (OTHER)		I agree to pay Orkin Pest Control the below amount at this time for treatment of the pest(s) indicated. SERVICES RENDERED \$ 2,000.00 PAYMENT MADE BY: PRODUCTS PURCHASED \$ 0.00 <input checked="" type="checkbox"/> PO # _____ SALES/SERVICE TAX \$ 0.00 <input type="checkbox"/> CHECK <input type="checkbox"/> CASH AMOUNT DUE \$ 2,000.00 <input type="checkbox"/> COMPLETE EASY AMOUNT PAID (\$ _____) PAYMENT FORM BALANCE DUE \$ 2,000.00		

This Special Service Agreement is guaranteed for 30 days only, and WILL NOT provide permanent control. For CONTINUOUS protection and control, we strongly recommend a REGULAR PEST CONTROL SERVICE.

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Kevin Penn 1120734

ORKIN INSPECTOR
23 Bryce Industrial Dr
BRANCH ADDRESS: STREET
Garden City Georgia 31405
CITY, STATE, ZIP CODE

DATE: **7/18/24**

Management Approval - This agreement has been verified and monies have been received as indicated.

Accepted By:

Signature Owner Lessee Agent

Title _____

MEDIATION/ARBITRATION: ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, OR THE SERVICES PERFORMED BY ORKIN UNDER THIS AGREEMENT OR ANY OTHER AGREEMENT, REGARDLESS OF WHETHER THE CONTROVERSY OR CLAIM AROSE BEFORE OR AFTER THE EXECUTION, TRANSFER OR ACCEPTANCE OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY TORT AND STATUTORY CLAIMS, AND ANY CLAIMS FOR PERSONAL OR BODILY INJURY OR DAMAGE TO REAL OR PERSONAL PROPERTY, SHALL BE SETTLED BY BINDING ARBITRATION, UNLESS THE PARTIES AGREE OTHERWISE. THE ARBITRATION SHALL BE ADMINISTERED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA") AND SHALL BE CONDUCTED BY AAA. IF ADMINISTERED UNDER THE AAA RULES, A CLAIM SHALL BE DETERMINED UNDER THE AAA SUPPLEMENTARY PROCEDURES FOR CONSUMER-RELATED DISPUTES IN CASES WHERE SUCH PROCEDURES ARE APPLICABLE. ANY OTHER CONTROVERSY OR CLAIM SHALL BE DETERMINED UNDER THE AAA COMMERCIAL ARBITRATION RULES. THE CUSTOMER AND ORKIN AGREE THAT THE ARBITRATOR SHALL FOLLOW THE SUBSTANTIVE LAW, INCLUDING THE TERMS AND CONDITIONS OF THIS AGREEMENT. THE ARBITRATOR'S POWERS TO CONDUCT ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT SHALL BE LIMITED AS FOLLOWS: ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT WILL NOT BE CONSOLIDATED OR JOINED WITH ANY ACTION OR LEGAL PROCEEDING UNDER ANY OTHER AGREEMENT OR INVOLVING ANY OTHER PREMISES, AND WILL NOT PROCEED AS A CLASS ACTION, PRIVATE ATTORNEY GENERAL ACTION OR SIMILAR REPRESENTATIVE ACTION. EITHER PARTY HAS THE RIGHT TO REQUIRE A PANEL OF THREE (3) ARBITRATORS, BUT IN THE ABSENCE OF THE PARTIES' AGREEMENT, THE REQUESTING PARTY SHALL BE RESPONSIBLE FOR THE COST OF THE ADDITIONAL ARBITRATORS. EITHER PARTY MAY REQUEST AT ANY TIME PRIOR TO THE HEARING THAT THE AWARD BE ACCOMPANIED BY A REASONED OPINION. THE AWARD RENDERED BY THE ARBITRATOR(S) SHALL BE FINAL AND BINDING ON ALL PARTIES, EXCEPT THAT A PARTY MAY WITHIN 30 DAYS OF THE ORIGINAL AWARD REQUEST AN ARBITRAL APPEAL TO AN APPEAL TRIBUNAL, CONSTITUTED IN THE SAME NUMBER AND BY THE SAME PROCESS AS THE INITIAL ARBITRATOR(S). THE APPEALING PARTY SHALL BE RESPONSIBLE FOR THE FILING FEE AND OTHER ARBITRATION FEES AND COSTS SUBJECT TO AWARD BY THE APPEAL TRIBUNAL UNDER APPLICABLE LAW. THE APPEAL TRIBUNAL SHALL REVIEW ALL QUESTIONS OF LAW AND FACT UNDER A CLEARLY ERRONEOUS STANDARD. THE AWARD OF THE APPEAL TRIBUNAL SHALL BE FINAL AND BINDING. JUDGMENT MAY BE ENTERED ON THE AWARD IN ANY COURT HAVING JURISDICTION THEREOF. CUSTOMER AND ORKIN ACKNOWLEDGE AND AGREE THAT THIS ARBITRATION PROVISION IS MADE PURSUANT TO A TRANSACTION INVOLVING INTERSTATE COMMERCE AND SHALL BE GOVERNED BY THE FEDERAL ARBITRATION ACT. BEFORE HAVING RECOURSE TO ARBITRATION, CUSTOMER AND ORKIN EACH AGREES TO TRY IN GOOD FAITH TO SETTLE ANY CONTROVERSY OR CLAIM BY AT LEAST FOUR (4) HOURS OF MEDIATION ADMINISTERED UNDER THE AAA COMMERCIAL MEDIATION RULES WITH ORKIN AGREEING TO PAY THE COSTS OF THE MEDIATION. **CHEMICAL INFORMATION WARNING:** Virtually all pesticides have some odor which may be present for a period of time after application. If you or any member of your household believes you have a sensitivity to chemical odor or chemicals, Orkin recommends that you not have an initial or a subsequent service performed at your premises until you have consulted with your family physician. At your request, Orkin will provide information about the chemicals to be used in treating the premises. **INSURANCE:** The Georgia Structural Pest Control Act requires all pest control companies to maintain insurance coverage. Information about this coverage is available from this pest control company. **ELECTRONIC COMMUNICATION ACKNOWLEDGEMENT STATEMENT:** In accordance with state regulations, pest control companies have a responsibility to provide you with a record every time a pesticide product and/or pest system is applied. This record is required to be provided to the property owner, resident or custodian of the property. This record may include post-application precautionary information. Licensed and regulated by the Georgia Department of Agriculture, 19 Marlin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-3641.

I understand and request that my pesticide use records be provided or made available to me electronically.

Signature of owner, resident or custodian of the property **7/18/24**
Date

CANCELLATION: CUSTOMER MAY CANCEL THIS AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION.



Agreement Number _____
(Same as on Agreement)

7/18/24
Enter Date of Transaction

NOTICE OF CANCELLATION

YOU MAY CANCEL THIS TRANSACTION, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE ABOVE DATE. IF YOU CANCEL, ANY PROPERTY TRADED IN, ANY PAYMENTS MADE BY YOU UNDER THE AGREEMENT OR SALE, AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN 10 BUSINESS DAYS FOLLOWING RECEIPT BY THE SELLER OF YOUR CANCELLATION NOTICE, AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELLED. IF YOU CANCEL, YOU MUST MAKE AVAILABLE TO THE SELLER AT YOUR RESIDENCE, IN SUBSTANTIALLY AS GOOD CONDITION AS WHEN RECEIVED, ANY GOODS DELIVERED TO YOU UNDER THIS AGREEMENT OR SALE; OR YOU MAY, IF YOU WISH, COMPLY WITH THE INSTRUCTIONS OF THE SELLER REGARDING THE RETURN SHIPMENT OF THE GOODS AT THE SELLER'S EXPENSE AND RISK. IF YOU DO MAKE THE GOODS AVAILABLE TO THE SELLER AND THE SELLER DOES NOT PICK THEM UP WITHIN 20 DAYS OF THE DATE OF YOUR NOTICE OF CANCELLATION, YOU MAY RETAIN OR DISPOSE OF THE GOODS WITHOUT ANY FURTHER OBLIGATION. IF YOU FAIL TO MAKE THE GOODS AVAILABLE TO THE SELLER, OR IF YOU AGREE TO RETURN THE GOODS TO THE SELLER AND FAIL TO DO SO, THEN YOU REMAIN LIABLE FOR PERFORMANCE OF ALL OBLIGATIONS UNDER THE AGREEMENT. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE OR ANY OTHER WRITTEN NOTICE TO ORKIN, LLC.

AT **23 Bryce Industrial Dr** **Garden City** **Georgia** **31405** NOT LATER
(Address of Seller's place of business -- Orkin Branch Office)

THAN MIDNIGHT OF _____ I HEREBY CANCEL THIS TRANSACTION.
Date -- Three Business Days After Date of Transaction

7/19/24 *Ed Maxwell* ~~Patrick Andreshak~~ Edwood Maxwell
Date Buyer's Signature Buyer's Name (Print)



Agreement Number _____
(Same as on Agreement)

7/18/24
Enter Date of Transaction

NOTICE OF CANCELLATION

YOU MAY CANCEL THIS TRANSACTION, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE ABOVE DATE. IF YOU CANCEL, ANY PROPERTY TRADED IN, ANY PAYMENTS MADE BY YOU UNDER THE AGREEMENT OR SALE, AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN 10 BUSINESS DAYS FOLLOWING RECEIPT BY THE SELLER OF YOUR CANCELLATION NOTICE, AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELLED. IF YOU CANCEL, YOU MUST MAKE AVAILABLE TO THE SELLER AT YOUR RESIDENCE, IN SUBSTANTIALLY AS GOOD CONDITION AS WHEN RECEIVED, ANY GOODS DELIVERED TO YOU UNDER THIS AGREEMENT OR SALE; OR YOU MAY, IF YOU WISH, COMPLY WITH THE INSTRUCTIONS OF THE SELLER REGARDING THE RETURN SHIPMENT OF THE GOODS AT THE SELLER'S EXPENSE AND RISK. IF YOU DO MAKE THE GOODS AVAILABLE TO THE SELLER AND THE SELLER DOES NOT PICK THEM UP WITHIN 20 DAYS OF THE DATE OF YOUR NOTICE OF CANCELLATION, YOU MAY RETAIN OR DISPOSE OF THE GOODS WITHOUT ANY FURTHER OBLIGATION. IF YOU FAIL TO MAKE THE GOODS AVAILABLE TO THE SELLER, OR IF YOU AGREE TO RETURN THE GOODS TO THE SELLER AND FAIL TO DO SO, THEN YOU REMAIN LIABLE FOR PERFORMANCE OF ALL OBLIGATIONS UNDER THE AGREEMENT. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE OR ANY OTHER WRITTEN NOTICE TO ORKIN, LLC.

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7/19/24 *Ed Maxwell* ~~Patrick Andreshak~~ Edwood Maxwell
Date Buyer's Signature Buyer's Name (Print)

(CUT OR TEAR ALONG DOTTED LINE)

ORKIN CAN BEGIN WORK AS SOON AS POSSIBLE. PERMISSION, HOWEVER, SHALL NOT BE CONSTRUED AS A WAIVER OF ANY OF MY RIGHTS UNDER THIS NOTICE OF CANCELLATION.

YES NO _____ **7/18/24**
Buyer's Signature Date

(THE BOTTOM PORTION OF THIS FORM MUST BE ATTACHED TO THE LOCATION COPY OF THIS AGREEMENT.)



Commercial Payment Options

COMMERCIAL SERVICES

Please Verify Billing Address & Contact Information:

Company Name: Ship 8 Service Rate: 2000.00
 Attention to: Patrick Andreshak Customer PO # _____
 Billing Address: 45875 North Port Loop E
Fremont California 94538
 Billing Telephone: (510) 490-9788 Fax: _____
 Billing Contact Person: James Buford Title: _____
 E-mail Address: ap.ship8@ship.com

Please Verify Service Address & Contact Information (IF DIFFERENT):

Service Name: Ship 8
 Service Address: 311 International Trade Center PKWY Port Wentworth, Georgia 31407
 Service Telephone: (912) 414-6118 Fax: _____
 Service Contact Person: Patrick Andreshak Title: _____

Please Initial One of the Following Payment Methods:

- EasyPay Easy Payment Program** - You can pay for your service with a credit card or bank check card by joining our EasyPay Easy Payment Program. Understand that you will pay in full for the initial service. Then your credit card or bank check card will be automatically charged monthly beginning in _____ (month). Preferred Charge Date (on or after the 6th of the month): _____ I (we) understand that while a service may or may not be performed every month, the monthly charge is one twelfth of the annualized fee for that service.
- Automatic Payment Program** - You can pay for your service with your credit card or bank check card by joining our Automatic Payment Program. Complete the authorization below and your credit card or bank check card (displaying the Visa, MasterCard or Discover logo) will be charged when your service is rendered.
- Save 4% by Paying a Year in Advance** - The easiest way to pay for your service is to pay for the entire year in advance with a single payment. If you choose this option, Orkin will give you a 4% discount on the present rate.
- One time Charge** - You can pay your specialist for services rendered by using your credit card or bank check card. Simply complete the authorization below and your credit card or bank check card (Displaying the Visa, MasterCard, or Discover logo) will be charged.
- XXX** **Pre-Bill (Pay Net 30 Days)** - Orkin will pre-bill at the beginning of each month. This statement will show the month's scheduled services plus any past due amount. (Please verify billing information.)
- Pay Your Specialist** - Our specialists can take your payment in the form of a check or cash after your service has been completed to your satisfaction.

Payment for Initial Service: Credit Card Check at Time Of Sale Other

(Customer has the option to change payment options at any time)

AUTOMATIC PAYMENT AUTHORIZATION - For EasyPay OR AutoPay

I (we) authorize our credit card or bank check card company on file with Orkin to tender payment to ORKIN for services rendered, when it is charged, and to post the payment to our account. Orkin accepts Visa, MasterCard and Discover.

Card on File

New Card Entered into BOSS Mobile

Orkin is authorized to initiate debit entries against our credit card or bank check card account listed here for the regularly scheduled services as listed above. I (we) authorize the credit card or bank check card company to accept any debit entries initiated by Orkin to be debited from the account. I (we) have the right to cancel this automatic payment authorization by submitting to Orkin written notice 30 days in advance of the intended termination of this authorization. This authorization will remain in effect until Orkin has received that written notification of termination. It is the customer's responsibility to copy or notify the credit card or bank check card company that this authorization is being cancelled. Cancellation of the automatic payment authorization does not cancel the pest control service agreement or the customer's responsibilities thereunder.

Date 7/18/24

Signature _____

For Office Use Only

Administered by _____ Date _____ one time recurring

INVOICE 269764141

Orkin
23 BRYCE INDUSTRIAL DR
SAVANNAH, GA 31405-9376

Dated 7/26/2024

SHIP 8 INC
ACCOUNTS PAYABLE
45875 NORTHPORT LOOP E
FREMONT, CA 94538-6414

Acct # 25006416

Purchase order 24070814

DESCRIPTION	INVOICE	DISCOUNT	TAX	QUANTITY	AMOUNT DUE
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For service at: SHIP 8 INC 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407-9265

PC Standard - Odd Job - PC Odd Job 1st Service	\$2,000.00	\$0.00	\$0.00		\$2,000.00
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Total Payment Amount: \$0.00

PLEASE REMIT	\$2,000.00
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24070814

Phone #: (912) 238-0404

Orkin
23 BRYCE INDUSTRIAL DR
SAVANNAH, GA 31405-9376

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
For service at: 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407-9265

Phone #: (912) 238-0404

Acct # 25006416
SHIP 8 INC
ACCOUNTS PAYABLE

INVOICE 269764141 Dated 7/26/2024
PLEASE REMIT \$2,000.00