

Phoenix Tree Care/Trees by Louise 2011 Pre-Authorization

CLIENT NAME(S) _____ Date _____

PHONE: DAY _____ EVENING _____ E-MAIL _____

*** Can we use your e-mail to send invoices and statements? Yes _____ No _____

Please choose (✓) one or more options to best suit your landscape needs. I authorize for the following maintenance services:

<input type="checkbox"/> Option 1: Authorize services for this year:			
<input type="checkbox"/> Same as Usual	<input type="checkbox"/> Emerald Ash Borer Treatment (EAB)	<input type="checkbox"/> Tree/Shrub Removal	<input type="checkbox"/> Tree/Shrub Pruning (In addition to Annual Maint.)
<input type="checkbox"/> Annual Pruning	<input type="checkbox"/> Insect & Disease Control (For trees & shrubs as needed)	<input type="checkbox"/> Stump Grinding	
<input type="checkbox"/> Annual (Low nitrogen fertilization)	<input type="checkbox"/> Iron Treatment	<input type="checkbox"/> Tree/Shrub Planting	
<input type="checkbox"/> Organic Based Fertilization (Minimal nitrogen /1-2 Applications per year)	<input type="checkbox"/> Predatory Mite Release	<input type="checkbox"/> Other _____	
<input type="checkbox"/> PPM (Progressive Plant Management: 4-6 inspections per year to inspect for insects & disease)			
Insect/Disease problems found: <input type="checkbox"/> Treat as needed <input type="checkbox"/> Provide Estimate for my Authorization			

<input type="checkbox"/> Option 2: Continue Annual Maintenance as usual, this year and future years until I cancel (10% Discount for every year): **This option will allow you to continue maintenance without annual authorization every year.					
<input type="checkbox"/> Pruning	<input type="checkbox"/> Fertilization	<input type="checkbox"/> PPM	<input type="checkbox"/> Insect/Disease Treatments	<input type="checkbox"/> EAB	<input type="checkbox"/> Same (as usual)

<input type="checkbox"/> Option 3: I would like a landscape review or Estimate: Best Days/Times _____ *** (We will contact you to schedule an appointment)	
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Do you have a preferred month of service?
 *ANNUAL PRUNING PREFERRED MONTH OF SERVICE: _____ SAME AS USUAL _____
 *ANNUAL FERTILIZATION PREFERRED MONTH OF SERVICE: _____ SAME AS USUAL _____

SPECIAL REQUESTS / CONCERNS / NOTES / OR ADDITIONAL WORK YOU WOULD LIKE TO HAVE DONE:

**MAXIMUM BUDGET (before tax): \$ _____ OR DO AS NEEDED: Yes _____ No _____

*****PLEASE SIGN _____ DATE _____

PRE-PAY OPTIONS: \$75: _____ \$100: _____ \$150: _____ OTHER: \$ _____ \$0 PRE-AUTH. ONLY _____

2011 PRICES / RATES --10% DISCOUNT WITH PRE-PAY / 5% DISCOUNT WITH PRE-AUTH. ONLY:

Tree Pruning & Removals: \$75.00 per person/per hour (\$67.50 with prepay) – (\$135.00 minimum)
 Fertilization and Insect/Disease Control: Based on size of Tree and Material used (5% & 10% Discounts apply)
 PPM: Disease/Insect Inspections: 4 to 6 inspections per year (depending on plant variety) - \$35.00 per inspection/\$31.50 with prepay

Please make checks payable to Phoenix Tree Care and send to 2178 Britain's Lane/ Columbus, Ohio 43224.
 For Credit card payments, please fill out the information below. There are no processing fees for Pre-Authorization Payments.



_____ VISA _____ MASTERCARD _____ DISCOVER _____ Date _____

Name on Card _____ /Card Address _____

Credit Card # _____ / Expiration Date _____ / _____

Amount to be charged \$ _____ Authorization Signature _____