

***Destin Drywall & Paint, Inc***  
***20141 Schiel Road***  
***Cypress, Texas 77433***  
***Telephone: (281) 897-9716***  
***Fax: (281) 897-8990***

Date: \_\_\_\_\_

Position you are seeking: \_\_\_\_\_

EMPLOYEE QUESTIONNAIRE

Name: \_\_\_\_\_ Have own Transportation: \_\_\_\_\_

Willing to Travel: \_\_\_\_\_

Address: \_\_\_\_\_ Will you work overtime: \_\_\_\_\_

\_\_\_\_\_ Do you have proper tools: \_\_\_\_\_

Phone: \_\_\_\_\_ Will you take a drug test: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate experience in the following trades:

Framer How many years experience: \_\_\_\_\_

Hanger How many years experience: \_\_\_\_\_

Paint How many years experience: \_\_\_\_\_

Tape & Float How many years experience: \_\_\_\_\_

Foreman How many years experience: \_\_\_\_\_

Destin is an equal opportunity employer. Destin follows all OSHA rules and guidelines. Destin is a drug free employer.

## **CONDITIONS OF EMPLOYMENT**

Each person applying for employment must be informed, must understand, and acknowledge that their employment is conditional and can be terminated immediately and without recourse for any of the following reasons:

- Failure to present acceptable documents for use in filling out the I-9 form
- Unwillingness to travel to other cities/states to work
- Falsifying any information
- Failure to report any chronic medical condition
- Poor driving record
- Excessive alcoholism
- Any use of alcohol at the workplace
- Drug use or influence of drugs
- Poor risk record of insurability
- Failure to comply and follow the Company Safety Manual

**I UNDERSTAND THIS WORK REQUIRES TRAVELING TO DIFFERENT CITIES AND STATES AND ACKNOWLEDGE THIS RESPONSIBILITY. FAILURE TO TRAVEL AND WORK IN OTHER CITIES AND STATES CONSTITUTES VOLANTARY QUITTING WITHOUT GOOD CAUSE.**

By signing below, I hereby testify that I have read and agree to all of the above terms and conditions.

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Employee Signature

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Date

## Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out the attached form and give it to your payroll manager. Supply a voided check or deposit slip for each account listed below. This will help ensure that you are paid correctly.

### **Important!! Please read and sign before completing and submitting.**

I hereby authorize my employer (hereinafter "Company" (to deposit any amounts owed my by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on both sides of this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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Bank Name/City/State: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_ Entire Net Amount \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing#: \_\_\_\_\_

Account#: \_\_\_\_\_

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I wish to participate in the FSV Payroll Card Method of receiving my entire net payroll check.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application's Acknowledgment of Job Description Review

*Reconocimiento Del Solicitante De La Revista De La Descripción De Trabajo*

I have reviewed the attached job description and understand the requirements and qualifications for the position for which I have completed an application.

*Me revisado esta descripción de trabajo y yo entiendo los requisitos y cualificaciones para la posición por la que hecho mi aplicación.*

I am qualified for and able to do the job as described in the job description

*Yo estoy quilificado y puedo hacer el trabajo según la descripción de trabajo*

\_\_\_\_\_ Yes *Si*      \_\_\_\_\_ No

I am able to perform this job without any accommodations. (If NO, please complete the remainder of this form)

*Yo puedo hacer el trabajo sin ninguna acomodación. (Si dice NO, por favor complete el resto de esta forma)*

\_\_\_\_\_ Yes *Si*      \_\_\_\_\_ No

I require accommodations to perform this job

*Yo requiro acomodaciones para hacer este trabajo*

\_\_\_\_\_ Yes *Si*      \_\_\_\_\_ No

If accommodations are required, please describe the suggested accommodations below in detail:

*Si dice si, por favor describa en detalle las sugerencias para acomodar*

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\_\_\_\_\_  
Applicant's Name (please print)

*Nombre del solicitante (por favor, ponga en letra de molde)*

\_\_\_\_\_  
Applicant's Signature

*Firma de solicitante*

\_\_\_\_\_  
Date

*Fecha*

\_\_\_\_\_  
Interviewer Name (please print)

*Nombre del entrevistador (por favor, ponga en letra de molde)*

\_\_\_\_\_  
Interviewer Signature

*Firma de entrevistador*

\_\_\_\_\_  
Date

*Fecha*

## Applicant's Safety Education History

Check YES or NO. Any false information will result in termination of employment and any future employment with Destin Drywall & Paint, Inc.

Did your former employer provide safety training adequate to protect you from daily job hazards?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Do you have Hilti Power Actuated Tool safety training?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Have you had Scissor Lift safety training within the past three years?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Have you had Boom Lift safety training within the past three years?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Have you had All Terrain Forklift or any other type of Forklift training within the past three years?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Have you been trained in the proper use and handling of Leveling Lasers?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Have you received CPR and First Aid training within the past year?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Have you received proper Scaffold safety training?

\_\_\_\_\_ Yes *Si* \_\_\_\_\_ No

Please list any licenses or certifications not listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Notice to Employees Concerning Workers' Compensation in Texas

**Coverage:** Destin Drywall & Paint, Inc. has workers' compensation insurance coverage with **Hartford Casualty Insurance** to protect you in the event of a work related injury or illness. This coverage is effective from **10/15/12 - 10/15/13**. Any injuries which occur on or after the date will be handled by **Hartford Casualty Insurance**. An employee or a person acting on the employee's behalf must notify the employer of an injury or illness not later than the **30th** day after the date on which the injury occurs or the date the employee knew or should have known of an illness, unless the Commission determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The commission provides free information about how to file a workers' compensation claim. Commission staff will explain your rights and responsibilities under the Workers' Compensation Act and assist in resolving disputes about a claim. You can obtain this assistance by contacting your local Commission field office or by calling (800) 252-7031.

**SAFETY HOTLINE:** The Commission has established a 24-hour toll free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division of Workers' Health and Safety at (800) 452-9595.

You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

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Employee Signature

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Date

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Employer Signature

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Date

## Employment Record

This form is to be completed by the employee immediately after hiring and before commencing work. Destin Drywall & Paint, Inc is an equal opportunity employer pledge to full compliance with Federal and State Civil Right laws. The information requested herein will be considered confidential, and will be used solely for the purpose of preparing payrolls and maintaining record required to meet the reporting requirements of the law.

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Trade: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Optional)

(For the sole purpose of delivering check stubs via email only)

### EEO Information

White \_\_\_\_\_

Black \_\_\_\_\_

American Indian \_\_\_\_\_

Asian \_\_\_\_\_

Hispanic \_\_\_\_\_

Other (specify) \_\_\_\_\_

Have you worked for Destin Drywall & Paint, Inc before?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, give date: \_\_\_\_\_

Any physical disabilities?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, give date: \_\_\_\_\_

Have you ever filed a    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, give date: \_\_\_\_\_

Workers' Compensation Claim?    Nature and extent of injury: \_\_\_\_\_

\_\_\_\_\_

Still under treatment    \_\_\_\_\_ Yes    \_\_\_\_\_ No

### Emergency Information

In Case of Emergency

Notify: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor (If Any): \_\_\_\_\_

## CONSENT TO TESTING

I understand that I am subject to alcohol and/or drug testing.

I understand that I am now being asked to provide a specimen of my breath, blood or urine for the purpose of determining the presence of alcohol and/or drugs in my body system(s)

I understand that I cannot be compelled to provide specimens for alcohol and/or drug analysis; however, I also understand if I test positive for alcohol, drugs or refuse to be tested, I will be removed from and/or prevented from entering a client's premises.

I hereby consent to provide specimens of my breath, blood or urine.

I also authorized my employer and employer's agents to have continued access to the specimens in case further analysis is required, to obtain the result of all testing made of the specimens, and to communicate concerning these results with the testing agency, governmental agencies having jurisdiction, and the client.

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Safety Orientation Checklist

Safety Policy  
General Safety Rules  
Employee Responsibilities  
Accident Reporting  
First Aid & Medical Attention  
Alcohol and Drug Policy  
Consent to Search  
Neatness  
Sanitation  
Signs & Hazards  
Fire Hazards & Prevention  
Smoking Areas  
Emergency Procedures

Clothing  
Safety Hats  
Eye Protection  
Safety Shoes  
Other Protective Equipment  
Ladders and Scaffolding  
Electrical  
Handling Dangerous Substance  
Site Preparation  
Lifting Techniques  
Vehicles  
Adverse Weather  
Security Procedures

The above Safety topics have been explained to me in detail and I hereby certify that I understand them thoroughly. I also understand that I am obligated to abide by these health, safety and security rules as a condition of employment with or service to Destin Drywall & Paint, Inc. and that my failure to do so will result in disciplinary action up to and including my termination of employment.

I also understand and agree that in the event I should become involved in an accident or near miss I may be required to submit to testing for drugs and/or alcohol as a condition of continuing employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company (if other than Destin)

\_\_\_\_\_  
Instructors Signature

\_\_\_\_\_  
Date

Certificate of Training

Hazard Communication

29 CFR 1910.1200

I, \_\_\_\_\_

attended training on the

Hazard Communication Program

for the employee of

*Destin Drywall & Paint, Inc.*

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Housing Policies

## *Reglas de la Casa*

These policies are adopted in addition to the rules and regulations in place at each apartment property as well as our condition of employment.

*Estas reglas o pólizas son adoptadas adicionalmente a las reglas y reglamentos puestos en la propiedad de cada apartamento, así como a las condiciones de empleo.*

The foreman will have an inspection sheet that he will fill out on a weekly basis, to keep employees on track of their own apartment; they are responsible for keeping the apartment clean and decent to live in.

***El Supervisor va a tener una hoja de inspección, para los empleados que viven en cada apartamento y que llenar cada semana. Los empleados deben mantener el apartamento limpio para vivir en él.***

At no time will any employee have a guest in the apartment. That puts the other employees in an uncomfortable situation.

***Por ninguna razón ningún empleado debe traer visita al apartamento. No quiero que ninguno de los empleados que están ahí se vaya a sentir incomodo.***

No wives or children are to be in the apartment, if your family comes and visits, it is your responsibility to secure a hotel for them.

***No se acepta ni esposas, ni hijos en su apartamento. Si su familia viene de visita, es su responsabilidad conseguirle un hotel para ellos.***

There will not be any illegal drug use at the apartments. Destin Drywall & Paint, Inc. has adopted the "Zero Tolerance."

***No habrá ninguna tip de drogas dentro del apartamento. Destin Drywall & Paint, Inc. ha adoptado la regla "Cero Tolerancia."***

Drinking in moderation will be accepted inside the apartment, but excessive drinking will not be tolerated. Tomar bebidas alcohólicas se permite con moderación dentro del apartamento, si se toma de manera excesiva, no va ser tolerado.

Loud music/noises will not be accepted. Keep music, voices, etc. to a minimum.

***La música alta, los escándalos, las voces altas, no va ser aceptadas. Por favor mantenga el límite que debe ser.***

Hanging outside the apartment, at your vehicles or in the stair wells, harassing other tenants and blocking entrances will not be acceptable.

***No se permite que el empleado haga alboroto o bullicio en los apartamentos, vehiculos, escaleras, molestando a otras viviendas, ni tampoco obstruir las entradas.***

Misuse of company property will not be tolerated.

No se tolerara, si usted le da mal uso a las propiedades de la compañía (TV, muebles, camas, etc.)

Each employee shall help in keeping their living quarters clean. Our goal is to leave the apartment as you found it upon move-in. (Should your shoes be dirty; remove them, do not cut in the counter tops etc.)

***Cada empleado es responsable de mantener su lugar limpio. Nuestro objetivo es dejar el apartamento como lo entregaron. (Si sus zapatos están sucios, quíteselos. Tampoco se permitirá que corten en el mesón de la cocina o destruyan cualquier parte del apartamento.***

You break these rules: all provided housing, meal, and travel privileges will be revoked. You will then be asked to move out, secure and provide your own housing, meals, and travel necessities on your own.

***Si usted rompe estas reglas, todos lo que nosotros le damos como casa, comida, muebles, viaje, todos estos privilegios le serán revcados y ustedse hará cargo de sus necesidades.***

This agreement also serves as a first written warning. There will be on verbal warning along with a write-up in the employee's file. Repeated violations of these policies may result **involuntary termination**. **In the event of voluntary termination, the released employee is responsible for providing their own way back to their home.**

***Este acuerdo sirve como primera advertencia. Habrá una advertencia verbal y una escrita en el libro. La repetida violación de las reglas y de las pólizas, dará como resultado el despido voluntario, el empleado será responsable de conseguir su propeio transporte para regresar de vuelta a la casa.***

**I understand, accept and agree to all these policies.**

***Yo entiendo y acepto todas las reglas y pólizas que aquí se nombran.***

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Employee - Empleado

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Date - Fecha

# Alcohol and Drug Policy

## I. Objective

This Alcohol and Drug Policy is intended to support other company safety programs, meet the requirements of the requirements of the Occupational Safety and Health Act (OSHA) that an employer maintain a work place free from recognized hazards that are causing or likely to cause death or serious physical harm to employees, insure a safe and productive work environment, and protect the well being of all employees as well as company property, customers, and the general public. The policy is not intended to infringe on employee rights or cast any doubt upon their integrity. Full cooperation is expected from all employees.

## II. Policy

a. The use, sale, transfer or possession of alcohol and/or illegal drugs when on the job, on company property, in company vehicles, or in personal vehicles on company business is prohibited. Employees or company representatives violating this policy will subject themselves to disciplinary action which may include immediate discharge.

"Illegal drug" means any drug which is not legally obtainable; any prescribed drug not being used for the prescribed purpose; and an over the counter drug used at a dosage level different than recommended by the manufacture; and any drug being used for a purpose not in accordance with bona fide medical therapy. Examples of illegal drugs are cannabis substances such as marijuana and hashish, cocaine, opiates such as heroin, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, and so-called designer drugs and look-alike drugs.

b. Any employee or company representative under the influence of alcohol and/or illegal drugs while on the job, on company property, in a company or personal vehicle on company business will subject themselves to disciplinary action which may include immediate discharge.

## III. Implementation

### a. Pre-Employment Testing

1. All applicants for employment with the company will be notified of and given an alcohol and drug screening examination as a condition of employment. Any result that leaves reason to believe the employee is or has been under the influence of alcohol and/or illegal drugs will be cause for denial of the application. If the result of the testis received after the prospective employee becomes active, a result that leaves a reason to believe the employee is or has been under the influence or alcohol and/or illegal drugs will be cause for immediate discharge.

"Reason to believe" means a belief that the actions, appearance or conduct of a person are indicative of the use of an illegal drug or alcohol. Such a belief is based on objective, articulable facts. A "reason to believe" situation is any situation in which an employee's job performance is in conflict with established job standards relating to safety and efficiency. The terms includes, but is not limited to, accidents, near-miss accidents, erratic conduct suggestive of alcohol or illegal drug use, unsafe performance behaviors, unexplained deviations from normal behavior and/or productivity.

2. The prospective employee will have the option, in this case, to retest at his/her expense. Retests must be taken by the end of the business day, on the day that Destin Drywall & Paint, Inc. managers or supervisors are given "reason to believe" by the employee's behavior. It is up to the employer's discretion on how to interpret the results.

#### b. Random Testing

1. Random testing will be performed on an unannounced basis at a frequency of at least one per month throughout the duration of the contract. These test will involve on each occasion at least ten (10) percent of the employees who are present on the Client's premises. The method of selection will be made on unbiased basis in which Destin Drywall & Paint, Inc will exercise no discretion in the selection process. If a positive result is confirmed, the employee will subject him/herself to disciplinary action up to and including discharge.

The employee will not be eligible for rehire with our company until a period of not less than 90 days has passed. an employee returning to work will be retested once again to ensure that he/she is eligible to work at the time. The employee is subject to normal testing procedures as defined in this policy.

2. A positive result on a random testing does not allow the employee the option of retesting at that time.

3. Refusal to participate in any random screenings will be considered an act of insubordination and failure to cooperate. The employee will then be subject to disciplinary action up to and including discharge.

#### c. Active Employees

1. Any employee or company representative involved in a work related accident or injury may be examined for alcohol and/or drugs.

2. Examinations for the presence of alcohol and/or drug may be required when there is a reason to believe the physical condition of any employee is in doubt, when an employee is observed not performing the job safely or correctly, or upon and sign of physical impairment.

3. Medical examination provided and paid for by the company may include alcohol and/or drug screening examinations.

4. All employees may be required to take alcohol and drug screening examinations once each year on a scheduled basis.

5. Refusal to take any required test will be considered an act of insubordination and failure to cooperate. Accordingly, the employee will subject his/herself to disciplinary action up to and including discharge.

6. Destin's clients reserve the right at all times on its premises to conduct unannounced searches and inspections of contractor employees and other persons, including their effects, lockers, baggage, desks, tool boxes, clothing and vehicles. The purpose of such searches and inspections are to ensure compliance with this policy.
7. If any employee voluntarily comes to a supervisor with an alcohol or drug related problem, the employee will be given an alcohol and/or drug screening examination.
8. Any employee testing positive will be immediately suspended without pay. Such suspension shall be for a maximum of 90 days on a one-time basis. This suspension is to allow the employee to undergo treatment pursuant to an approved program of alcoholism or drug use. If the employee fails to undergo treatment, or if reinstated after successful treatment and again test positive for alcohol and/or drug used, he/she will be discharged. Any cost of rehabilitation will be paid by the employee.
9. Any employee returning to work after rehabilitation will be given alcohol and/or drug screening examinations on a random basis as defined in section III, paragraph b. of this policy.
10. Results of any test will be disclosed on a "need to know" basis only. Information concerning alcohol and/or drug screening will be disclosed to authorized personnel only.

d. Re-Hires

1. Any former employee will be required to take an alcohol and drug test being rehired. Any former employee who is being rehired and has undergone the company alcohol and drug testing less than 30 days before may not be required to test at the time. However, the employee will still be subject to random testing as defined in section II, paragraph b. of this policy.

IV. Scope

Nothing in the forgoing Alcohol and Drug Policy expands or modifies the "at will" nature of the employment relationship between the company and a prospective employee or an employee. All application for employment or employee may be immediately discharged upon testing positive for alcohol and/or drugs whether such positive test results reveal ingestion of alcohol and/or drugs on the job or off regardless of whether such results are subject to question or dispute, and the employee or prospective employee acknowledges that it is reasonable for the company to rely upon the testing results from an accredited medical laboratory.

**I have read the above and foregoing Alcohol and Drug Policy. I understand its terms and I agree to abide by its terms.**

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Signature

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Date

## Destin Employee Tool List

<b>Journeyman</b>	<b>Drywall Apprentice</b>	<b>Ceiling Installer</b>	<b>Tapers</b>	<b>Painters</b>
Tape measure 25'	Tape measure 25'	Tape measure 25'	Tape measure 25'	Tape measure 25'
4' level (magnetic)	4' level (magnetic)	OPTIONAL	N/A	Crescent Wrench
100' Cord (12 ga.)	100' Cord (12 ga.)	100' Cord (12 ga.)	100' Cord (12 ga.)	100' Cord (12 ga.)
Metal Snips	Metal Snips	Metal Snips	Metal Snips	Tools to work on Pump
Utility Knife	Utility Knife	Utility Knife	Utility Knife	Utility Knife 5 to 1 Tool
Key Hole Saw	Key Hole Saw	Key Hole Saw	Stilts	
(2) 4"	(2) 4"	(2) 4"	Mud Pan	
(2) 6"	(2) 6"	N/A	Putty Knife	
Screw Gun	Screw Gun	Screw Gun	6" Knife	
Plum Laser	Plum Laser	N/A	8" Knife	
#9 Wire Cutters	#9 Wire Cutters	#9 Wire Cutters	10" Knife	
Flat Head Screw Driver	Flat Head Screw Driver	Flat Head Screw Driver	12" Knife	
Philips Screw Driver	Philips Screw Driver	Philips Screw Driver	Tape Holder	
Chalk Box	Chalk Box	Chalk Box	Bucket & Sponge	
Speed Square	Speed Square	Speed Square	Sanding Pole	
Framing Square	Framing Square	NA		
Hammer	Hammer	Hammer		
String Line	String Line	String Line		
DX 35 Pin Gun	DX 35 Pin Gun	DX 35 Pin Gun		
Tool Belt	Tool Belt	Tool Belt		
Pencils and Markers	Pencils and Markers	Pencils and Markers	Pencils and Markers	
Safety Harness	Safety Harness	Safety Harness	Safety Harness	Safety Harness
6" Crescent Wrench	6" Crescent Wrench	Stilts		
#2 & #3 Tips	#2 & #3 Tips	#2 & #3 Tips		
2 Shafts	2 Shafts	2 Shafts		
Cordless Impact	OPTIONAL	Ceiling Clamps (4)		
Small 3/8" Socket Set	Small 3/8" Socket Set	Hole Punch		
		Pop Rivet Gun		

**IT IS THE FOREMEM'S RESPONSIBILITY TO INFORCE THE TOOL LIST**

As always Destin will allow each employee to purchase the items on a payroll deduction with approval by an office administrator if he so chooses. Hard Hat, Safety Glasses and Respirators will be given upon hire date and if you lose it you buy it.

I have read this and agree to the terms

Signature \_\_\_\_\_

Date \_\_\_\_\_