

Pest Control Service Agreement

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number

CUSTOMER		SERVICE LOCATION	
STREET			
CITY, STATE and ZIP		PERSON TO BE CONTACTED	SERVICE PHONE
PHONE	TYPE OF PROPERTY TO BE SERVICED		
DATE SERVICE BEGINS	EXPIRATION DATE	RENEWAL <input type="checkbox"/>	SERVICE TO BE PERFORMED <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER _____

PESTS TO BE CONTROLLED:

SPECIAL INSTRUCTIONS:

TERMS AND CONDITIONS

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SERVICE GUARANTEE: We agree to apply chemicals to control above-named pests in accordance with terms and conditions of this Service Agreement. All labor and materials will be furnished to provide the most efficient pest control and maximum safety required by federal, state and city regulations.

SERVICE RENEWAL: This agreement shall be for an initial period of one year, and will renew itself annually unless either party cancels this agreement by giving thirty days written notice before any expiration date.

ANNUAL AGREEMENT CHARGE \$ _____

INITIAL SERVICE CHARGE \$ _____

MONTHLY/QUARTERLY PAYMENTS \$ _____

----- \$ _____

BY COMPANY _____ DATE _____
(AUTHORIZED SIGNATURE)

FOR CUSTOMER _____ DATE _____
(AUTHORIZED SIGNATURE)