

Pest Control Service Agreement

Your Company Name
Address
City, State Zip
Phone Number

Date: / /

CUSTOMER		SERVICE ADDRESS	
Customer Name:		Name:	
Billing Address:		Service Address:	
City:	St. Zip	City:	St. Zip
Home Ph:	Work Ph:	Home Ph:	Work Ph:
Description of Structure(s) covered			

TERMS

1. The Company agrees to provide pest control services at the service address indicated above.
2. The Company will provide pest control service (frequency) _____ to control the pest(s) checked below. Extra service for the pest(s) checked below will be provided at no additional cost to the customer.
3. Customer agrees to make the place of service available for the treatment and / or inspection as often as necessary to control pest(s) checked below.
4. This agreement will be for an initial period of _____ months and will continue thereafter on a month to month basis.
5. After the initial _____ months, this agreement may be cancelled by either party by giving thirty (30) days written notice to the other party.
6. The Company shall reserve the right to revise the monthly fee after the first _____ months.
7. This agreement does not provide for the repair of present or future damages to the service address, nor does it provide reimbursement for repair expenses allegedly arising from pest infestations.
8. In entering into this agreement customer waives all claims for damages to property or persons which may result indirectly from work performed by the company, with the exception of gross negligence on the part of the company.
9. This agreement does not include service for termites or other wood destroying insects, nor does it provide for damages arising from infestation of same.

PEST(S) TO BE CONTROLLED UNDER THIS AGREEMENT

- | | | |
|--|---|--|
| <input type="checkbox"/> Carpenter Ants
<input type="checkbox"/> Moisture Ants
<input type="checkbox"/> House Ants
<input type="checkbox"/> Fleas
<input type="checkbox"/> Spider Mites
<input type="checkbox"/> Indoor Spider Control
<input type="checkbox"/> Outdoor Spider Control
<input type="checkbox"/> Carpet Beetles
<input type="checkbox"/> Ticks (Indoor) | <input type="checkbox"/> Ticks (Outdoor)
<input type="checkbox"/> Firebrats
<input type="checkbox"/> Silverfish
<input type="checkbox"/> Rats
<input type="checkbox"/> Mice
<input type="checkbox"/> German Cockroaches
<input type="checkbox"/> American Cockroaches
<input type="checkbox"/> Brown Banded Cockroaches
<input type="checkbox"/> Oriental Cockroaches | <input type="checkbox"/> Smokey Brown Cockroaches
<input type="checkbox"/> Bees
<input type="checkbox"/> Wasps
<input type="checkbox"/> House Crickets
<input type="checkbox"/> Clothes Moths
<input type="checkbox"/> Pantry Pests (Specify) _____

<input type="checkbox"/> Other (Specify) _____
_____ |
|--|---|--|

Additional Services: _____

FEE	TOTAL FEE	FEE IS FOR	AMOUNT OF PAYMENT	PAYMENTS TO BE MADE	AMOUNT PAID TODAY
		_____ Months		<input type="checkbox"/> _____ <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	

NOTICE	You, the Customer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction.		
Authorized Company Signature	Date	Customer Signature	Date