

## Pest Control Service Agreement



PO Box 17326  
Little Rock, AR, 72222-7326

Little Rock 501-868-3837  
Russellville 479-968-4777  
Fayetteville 479-899-6874  
Hot Springs 501-442-5653

Date: / /

CUSTOMER		SERVICE ADDRESS	
Customer Name:		Name:	
Billing Address:		Service Address:	
City:		City:	
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 quarterly basis.
5. After the initial \_\_\_\_ months, this agreement may be cancelled by either party by giving thirty (30) day 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"/> Ants<br><input type="checkbox"/> Indoor Spider Control<br>(NOT Brown Recluse unless specified)<br><input type="checkbox"/> Firebrats<br><input type="checkbox"/> Silverfish<br><input type="checkbox"/> House Crickets<br><input type="checkbox"/> Rats<br><input type="checkbox"/> Mice<br><input type="checkbox"/> American Cockroaches | <input type="checkbox"/> Brown Banded Cockroaches<br><input type="checkbox"/> Oriental Cockroaches<br><input type="checkbox"/> Smokey Brown Cockroaches<br><input type="checkbox"/> House Crickets<br><input type="checkbox"/> Additional services<br>(\$15 extra per service)<br><input type="checkbox"/> Rats<br><input type="checkbox"/> Mice<br><input type="checkbox"/> Other (Specify) _____<br>_____ |
|--|---|

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

NOTICE				
Authorized Company Signature		Date	Customer Signature	Date