

# PREMIUM PEST CONTROL SERVICE AGREEMENT



1829

Post Office Box 116  
 Jacksonville, NC 28541  
 (910) 455-5888 • Fax (910) 455-5463

DATE: \_\_\_\_\_

CUSTOMER		SERVICE ADDRESS	
Customer's Name:		Name:	
Billing Address:		Service Address:	
City/St/Zip:		City/St/Zip:	
Cell Phone:	Work Phone:	Home Phone:	Work Phone:

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 all the pest(s) listed below.
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. If customer is NOT at home, an exterior treatment will be performed. \_\_\_\_\_ Initials
4. The Company shall reserve the right to revise the Price after the first 24 months.
5. This agreement does not provide for repair of present or future damages to service address, nor does It provide reimbursement for repair expenses allegedly arising from pest infestations, nor does it provide reimbursement for lost income from rent.
6. 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.
7. This agreement DOES NOT include service for TERMITES or other wood destroying insects, nor does It provide for damages arising from Infestation of same.
8. This agreement DOES NOT include FIRE ANTS.
9. This agreement DOES NOT include BED BUGS.
10. Any complaints arising between regular scheduled visits will be serviced on the next working day following the receipt of the call at no additional cost.

## PEST(S) TO BE CONTROLLED UNDER THIS AGREEMENT

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Carpenter Ants <i>(indoor)</i><br><input type="checkbox"/> Moisture Ants <i>(indoor)</i><br><input type="checkbox"/> House Ants <i>(indoor)</i><br><input type="checkbox"/> Fleas <i>(indoor)</i><br><input type="checkbox"/> Spider Mites<br><input type="checkbox"/> Spider Control <i>(indoor)</i><br><input type="checkbox"/> Ticks <i>(indoor)</i> | <input type="checkbox"/> Firebrats<br><input type="checkbox"/> Silverfish<br><input type="checkbox"/> Rats <i>(some restrictions)</i><br><input type="checkbox"/> Mice <i>(some restrictions)</i><br><input type="checkbox"/> German Cockroaches<br><input type="checkbox"/> American Cockroaches<br><input type="checkbox"/> Brown Banded Cockroaches | <input type="checkbox"/> Oriental Cockroaches<br><input type="checkbox"/> Smokey Brown Cockroaches<br><input type="checkbox"/> Bees <i>(some restrictions)</i><br><input type="checkbox"/> Wasps <i>(some restrictions)</i><br><input type="checkbox"/> House Crickets<br><input type="checkbox"/> Other <i>(specify)</i> _____ |
|--|--|---|

Comments: \_\_\_\_\_

Authorized Company's Signature	Date	Customer's Signature	Date
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