

Your Company Name

Address

City, State Zip

Phone Numer(s)

Lic. # 000000

SEASONAL PEST CONTROL SERVICE AGREEMENT

Customer Name:	Date:
Service Address:	Phone Number:
City, State, Zip:	E-mail:

Service Detail:

Your Company Name will provide treatment for _____ (target pest). Once initial pest problem is resolved, exterior preventative applications are made bi-monthly thereafter until September of year contract is signed. Interior services are covered and can be scheduled upon customer request. Contract expires December 31st of year contract is signed.

Areas Not Covered:

The following areas are not covered under the regular seasonal service, but can be provided for an additional charge; detached buildings, pool areas, fences, stone walls, trees, swing sets and any height on home needing a ladder truck to reach.

Cost for regular seasonal pest control service: \$ _____

Cost to include additional areas and pests: \$ _____

Special Instructions (includes additional covered areas and pests):

General Pest Exclusions:

Wildlife, termites, powder post beetles, bed bugs, fleas, ticks, mosquitoes, ground bees, mice, rats, honey bees, carpenter bees, stored product pests and roaches.

ADDITIONAL SERVICES OFFERED:

- Pest control program, every other month service for all insects and mice. Full on call warranty between service.
- Mosquito & tick perimeter prevention/control
- Termite
- Nuisance wildlife removal
- Mold remediation
- Attic clean outs and insulation exchange

Customer Signature: _____ Date: _____

Company Signature: _____ Date: _____