

MONTHLY COMMERCIAL SERVICE AGREEMENT

Date _____ Branch _____ Route _____ City/Town/Grid _____ Service Day _____
 Service Name _____ Billing Name _____
 Service Address _____ Address: _____
 Service City/Zip _____, IN _____ City/Zip _____, IN _____
 Business Phone: () _____ - _____ Fax: () _____ - _____ Alternate: () _____ - _____

Our Service: We will provide a pest control service on your business on a Monthly basis. I acknowledge that some products carry an odor and we will provide a MSDS and a LABEL for any chemical used at the customers request.

**NOTE:* Indiana Pest Control Companies are controlled and governed by the Indiana State Chemist as well as the EPA and are bound to the license and law thereto.*

For our Customer: This service is relative to sanitation of the home. I also acknowledge that some pest are harder to control than others and some pest can be controlled, but not eliminated. Agape` Pest Control does not guarantee against complete elimination of any pest. Agape` Pest Control assumes no responsibility for insect bites or stings. This agreement is for a pest free environment. It is not an inside only, outside only or a combination of the two. It is an agreement of a customized service to the needs of the structure. I acknowledge that I am entitled to an extra treatment to treat target areas any time throughout this agreement. Customer will be assigned a service day and time for regular service. If customer is not home the exterior of structure will be serviced and service ticket placed on customer's door. Exterior service is presumed accepted unless office is contacted before next service month. Refusal of winter service may automatically raise service rate. Refusal of multiple services will result in service cancellation. **Service canceled prior to one year voids any coupons or discounts upon reinstatement of service.** Customer agrees to pay any collection fee, attorney fee, and court costs added to an unpaid balance. This agreement automatically renews itself on a service-to-service basis after 1 year if not canceled with 30 days written notice.

CANCELLATION: OUR CUSTOMER MAY CANCEL THIS AGREEMENT AT ANYTIME PRIOR TO MIDNIGHT OF THE 3RD BUSINESS DAY AFTER THE DAY OF THIS TRANSACTION.

AGAPE` PEST CONTROL NOT JUST PEST CONTROL, *YOUR* PEST CONTROL YOUR PANTRY PEST SPECIALISTS!

PAYMENT

- INITIAL TREATMENT \$ _____
- PER SERVICE CHARGE \$ _____
- **SERVICES PER YEAR**
- **MONTHLY-12,**
- **EVERY OTHER MONTH-6,**
- **QUARTERLY-4**

TARGET PEST

- American/Oriental Cockroaches
- **German Cockroaches
- Spiders
- Ants
- Mice/Rat
- Indoor Fleas
- General Pest Control
- **Pantry Pests

CUSTOMER'S SIGNATURE

SALESPERSON SIGNATURE

DATE

MANAGER'S SIGNATURE