

RESIDENTIAL PEST CONTROL SERVICE

Date _____	Branch _____	Route _____	Account # _____	Service Day _____
Service Name _____		Billing Name _____		
Service Address _____		Address: _____		
Service City/Zip _____, IN _____		City/Zip _____, IN _____		
Home Phone: () ____ - _____		Work: () ____ - _____		Mobile: () ____ - _____

Our Service: We will provide a pest control service on your home on a **(Monthly), (Every other Month), (Quarterly), or (Seasonal)** 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. Winter service is required to keep current rate. Refusal of service or access to property may result in price increase or cancellation of service. **Service canceled prior to one year voids any coupons or discounts upon reinstatement of service.** Customer agrees to pay any collection fee 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: CUSTOMER MAY CANCEL THIS AGREEMENT AT ANYTIME PRIOR TO MIDNIGHT OF THE 3RD BUSINESS DAY AFTER THE DAY OF THIS TRANSACTION.

AGAPE` PEST CONTROL AND HAMILTON COUNTY LAWN SERVICE NOT JUST SERVICE, BUT *YOUR* SERVICE **YOUR PANTRY PEST** **SPECIALISTS!**

PAYMENT

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

TARGET PESTS

- 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