

ONE TIME PEST CONTROL SERVICE AGREEMENT

Date _____ Branch _____ Route _____ City/Town/Grid _____ Service Day _____

Service Name _____ Billing Name _____

Service Address _____ Address: _____

Service City/Zip _____, IN _____ City/Zip _____, IN _____

Home Phone: () ___-____-____ Work: () ___-____-____ Mobile: () ___-____-____

COMMON PESTS

- American/Oriental Cockroaches
- **German Cockroaches
- Spiders
- Ants
- Mice/Rats
- Occasional Invaders
- GPC

PAYMENT

- INITIAL PAYMENT \$ _____

TARGET PEST(S) _____

Directions:

Our Service: We will provide a pest control service on your home or business on a one-time 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 Friend: This service is relative to sanitation of the home or business. I also acknowledge that some pest are harder to control than others and some pest can be controlled, but not eliminated. Agape' Pest Control assumes no responsibility for insect bites or stings. Agape' Pest Control does not guarantee against complete elimination of any pest. This agreement is for a one-time service only. This service does not provide continuous control. It is recommended that you have a regular maintenance program to provide continual control. I acknowledge that I am entitled to an extra treatment after 10 days of treatment and within 30 days of treatment date with a maximum of 3 service visits. This agreement automatically cancels itself after 30 days. I acknowledge that I have 60 days from service date to change this to a regular maintenance service program.

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

CUSTOMER'S SIGNATURE

SALESPERSON SIGNATURE

DATE

MANAGER'S SIGNATURE