

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: () ____ - _____

Section 1:

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 SDS 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. The price is the same if we service inside of the home or just the exterior. 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. This is Service Agreement not a Contract and can be canceled anytime with 30 days written notice. **Service canceled prior to one year voids any coupons or discounts upon reinstatement of service.** **Agape Pest Control reserves the right to charge customer's credit card on file for past due balance even if customer is not on auto pay.** 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

Section 2 PAYMENT

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

Section 3 TARGET PESTS

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

By accepting this first treatment you agree terms of this agreement listed above in section 1 and 2. It is agreed that the customer will provide Agape Pest Control with an email for service notifications, service inquiries and billing purpose. It is also acknowledged that applying pesticide can lead to hard to control service issues. For Commercial Customers: Agape Pest Control is not responsible for actions or fines placed on homes or restaurants due to pesticides being applied by employees and/or unlicensed persons.