O Residential



Customer Signature



Initial '	Treatment:
Date:	
Time:	

Pro-Tec Representative Signature

Pest Control Service Agreement

Service Address 376				•	200	Bearl F		7in	32459	,
Billing Address 185					Selection of the select				32550	
				0		CAM	-			
Phone		Celi i	Phone			Email				acsidential.
Thank you for selecting individual pest control We appreciate your bu	needs. If th	st Manage ere is anyt	ment! Your pest hing we can do to	control prog make your	gram will service	be specially d better, please	lesigned for do not hes	r you by	Pro-Tec to	meet your
Treatments will be p	performed:	× Mont	thly O Bi-	Monthly						
This service agreement centipedes, millipedes, agreement. Any additi	, scorpions, s	stored pro	duct pests. *Fire	ant control is	s limited	to a 10 foot p	erimeter a	round he	me/buildir	ng listing on
Service for the control stated in writing in the				est other th	an those	noted above	is not inclu	ided in tl	nis agreeme	ent, unless otherw
Customer agrees to co correction of pest excli correct conducive cond	usion, sanita	tion, and o	ther conducive c	onditions wi						
Pro-Tec Pest Managen	nent may inc	rease mon	thly/bi-monthly	service charg	ge after t	he end of the	first year v	with prio	notificatio	n to the customer
Pro-Tec Pest Managem arachnid, or rodent.	nent assume	s no respo	nsibility for dama	ge, bites, sti	ngs, or a	ny type of me	dical condi	ition cau	sed by any	type of insect,
Pro-Tec Pest Managem All costs of collection f							on deficier	ncies or r	on-coopera	ation by customer
Special Notes and Con	nments: _/	lanthly	Dest Serve	e FOR	Pool 0	Dea				
	Sep	ALCE IN	VOICES WITH	De eina	ilea					
O Convenience Billi Initial Treatment Cha Pro-Tec for payment	arge of \$	i	s due at time of	finitial serv	rice. Cu					
Invoice at Time of Initial Treatment Charleston	rge of \$_/	2500	s due at time of	f initial serv	ice. Cu	stomer will b				time of regular
ti catiliciti begiining				oposal valid						
			A	cceptance of	f Agreen	nent		7	1	

Date