

## PEST CONTROL SERVICE CONTRACT & JOB AGREEMENT

| Service Address | Billing Address |
|-----------------|-----------------|
| Customer Name:  | Name:           |
| Address:        | Address:        |
|                 |                 |
|                 |                 |
| Post Code:      | Post Code:      |
| Tel No:         | Tel No:         |
| Email:          | Email:          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| <b>PESTS COVERED</b><br>Rats <input type="checkbox"/> Mice <input type="checkbox"/> Squirrels <input type="checkbox"/> Moles <input type="checkbox"/> Birds <input type="checkbox"/> Wasps <input type="checkbox"/> Bed Bugs <input type="checkbox"/> Fleas <input type="checkbox"/><br>Cockroaches <input type="checkbox"/> Flies <input type="checkbox"/> Ants <input type="checkbox"/><br>Other <input type="checkbox"/> _____ |  |                                                    |
| <b>Service Frequency:</b><br>One Day <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/><br>Quarterly <input type="checkbox"/>                                                                                                                                                                                                                         |  | <b>Special Instructions / Description of Work:</b> |
| Start Date:                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                    |
| <input type="checkbox"/> Annual Agreement <input type="checkbox"/> Job Charge                                                                                                                                                                                                                                                                                                                                                     |  | Payment Details:                                   |
| Number of visits:                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Charged monthly / quarterly in advance             |
| Cost per visit:                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Name of Bank:                                      |

|                  |  |                            |
|------------------|--|----------------------------|
| Number of sites: |  | Account Number: sort Code: |
| Total Cost:      |  | Payment Reference:         |
| £ per month      |  | PO Number:                 |

|                                                                                                 |                                 |
|-------------------------------------------------------------------------------------------------|---------------------------------|
| I have read and understood the above service agreement and agree for the work to be undertaken. |                                 |
| <b>Customer</b>                                                                                 | <b>Bowman's Pest Management</b> |
| Name:                                                                                           | Name:                           |
| Signature:                                                                                      | Signature:                      |
| Position:                                                                                       | Position:                       |
| Date:                                                                                           | Date:                           |

## TERMS AND CONDITIONS

Bowman's Pest Management LTD (Company #16782146)  
registered in England and Wales

### Definitions

'Client' refers to the individual or organisation purchasing pest control services.

'Contract' means the agreement formed when a quotation is accepted by the Client.

'Property' means the premises where services are to be carried out.

'Services' means the pest control services provided by Red Pencil Pest Control.

### 1. The Contract

A written or verbal quotation forms the basis of the Contract. Acceptance constitutes agreement to these Terms and Conditions. If additional works are required upon site inspection, a revised quotation will be provided for approval before proceeding.

### 3. The Services

All services are delivered with reasonable care and skill, following BPCA Codes of Best Practice and COSHH regulations.

Treatment dates and durations are estimates. Treated areas must remain undisturbed until declared safe by the technician. COSHH safety data sheets will be provided upon request.

### 4. Client Responsibilities

The Client must ensure safe access to the property and follow all safety guidance provided.

If access is restricted or appointments missed without 24 hours' notice, a call-out charge may apply. The Client is responsible for protecting food, water, and sensitive materials before treatment.

### 5. Payment

Payment is due within 30 days of invoice unless agreed otherwise.

Red Pencil Pest Control reserves the right to charge statutory interest under the Late Payment of Commercial Debts (Interest) Act 1998.

VAT will be applied where applicable. Services may be suspended for non-payment.

### 6. Cancellation

Domestic clients have a 14-day cooling-off period under the Consumer Contracts Regulations 2013.

Work requested within this period waives the right to cancel once treatment begins. Cancellations after this period must be made in writing.

### 7. Liability

Red Pencil Pest Control accepts no liability for losses resulting from pre-existing infestations, inaccessible areas, or failure to follow post-treatment advice.

Liability for death or personal injury due to negligence is not excluded.

We are not responsible for consequential or business losses.

### 8. Equipment Ownership

All traps, bait boxes, and monitoring stations remain the property of Red Pencil Pest Control unless purchased by the Client. Lost or damaged equipment will be chargeable.

### 9. Data Protection

All personal data is processed in compliance with the UK GDPR and Data Protection Act 2018.

Client data is used solely for service delivery and record-keeping and is not shared with third parties except where legally required.

### 10. Termination

Either party may terminate the contract with 14 days' written notice.

Outstanding fees for completed services remain payable.

Contracts may be terminated immediately if safety or access issues arise.

### 11. Governing Law

Bowman's Pest Management LTD (Company #16782146)

Bowman's Pest Management

[www.bowmans-peat-management.com](http://www.bowmans-peat-management.com)

Tel: 07597681568

This Contract shall be governed by and construed in accordance with the laws of England and Wales. Any disputes will be subject to the exclusive jurisdiction of the courts of England and Wales.

Additional information given by customer: