

Building Maintenance Contract Form

Contractor Name: _____

Client Name: _____

Building Address: _____

Contact Number: _____

Email Address: _____

Contract Start Date: _____

Contract End Date: _____

Scope of Services:

Description of services to be provided:

Payment Terms:

- Total Amount: \$ _____
- Payment Due: () Monthly () Quarterly () Annually
- Payment Method: () Check () Bank Transfer () Credit Card

Maintenance Activity	Frequency	Estimated Cost	Completed (Yes/No)
HVAC System Check	Monthly	\$ _____	
Plumbing Maintenance	Quarterly	\$ _____	

Electrical Inspection	Bi-Annually	\$ _____	
Pest Control	Annually	\$ _____	

Additional Notes:

Client Signature: _____

Contractor Signature: _____

Date: _____