**Pest Control Service Contract Form**

### **PARTIES INVOLVED**

* **Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **SERVICE DETAILS**

| **Type of Service** | **Frequency** | **Cost** | **Duration** |
| --- | --- | --- | --- |
| **Initial Inspection** | **One-time** | **$\_\_\_\_\_\_** |  |
| **General Pest Control** | **Monthly** | **$\_\_\_\_\_\_** |  |
| **Termite Inspection** | **Quarterly** | **$\_\_\_\_\_\_** |  |
| **Other: \_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_** |  |

**☐ The Client agrees to allow access to property for scheduled services.**

### **PAYMENT TERMS**

* **Total Payment: $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Payment Due: ☐ Before Service ☐ After Service ☐ Monthly Installments**

### **TERMINATION CLAUSE**

**Either party may terminate this contract with 30-day written notice.**

### **SIGNATURES**

**Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_
Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**