

# 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: \_\_\_\_\_