

Pest Control Service Agreement

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Service Provider:

[Insert Pest Control Company Name]

[Insert Company Address]

[Insert Company Phone Number]

[Insert Company Email]

Scope of Services:

The service provider agrees to perform pest control services at the client's property located at [Insert Property Address]. The services will include but are not limited to:

- Initial inspection
- Identification of pest issues
- Implementation of treatment plans
- Follow-up visits

Duration of Agreement:

This agreement will commence on [Insert Start Date] and will remain in effect until [Insert End Date], unless terminated by either party with a [Insert Number of Days] written notice.

Payment Terms:

The total fee for services rendered will be [Insert Amount]. Payment is due [Insert Payment Due Date].

Signatures:

By signing below, both parties agree to the terms outlined in this service agreement.

[Client Name]

[Authorized Signature]

[Title]

[Company Name]