

# Organic Pest Control Service Contract

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Service Provider:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Terms of Service:

This contract outlines the terms and conditions under which the Organic Pest Control Service will be provided.

### Scope of Services:

1. Description of Services: \_\_\_\_\_

2. Frequency of Service: \_\_\_\_\_

3. Duration of Service: \_\_\_\_\_

### Payment Terms:

1. Total Cost: \_\_\_\_\_

2. Payment Schedule: \_\_\_\_\_

### Liability:

The service provider will not be liable for any damages except those caused by negligence.

**Cancellation Policy:**

Please notify the service provider at least 24 hours in advance of any cancellation.

**Signatures:**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing our Organic Pest Control Services!