

Pest Control Service Contract

Date: _____

Client Name: _____

Client Address: _____

City, State, Zip: _____

Phone Number: _____

Service Provider:

Company Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Scope of Services:

The service provider agrees to provide pest control services, including but not limited to:

- Inspection of property
- Treatment of infested areas
- Prevention measures
- Follow-up visits

Contract Duration:

This contract is valid for a period of _____ (e.g., 12 months) from the date of signing.

Payment Terms:

The total fee for services rendered will be \$_____, payable upon signing this contract.

Termination Clause:

Either party may terminate this contract with ___ days written notice.

Signatures:

_____ (Client Signature)

Date: _____

_____ (Service Provider Signature)

Date: _____