

# Pest Elimination Service Agreement

**Agreement Date:** [Insert Date]

**Client Name:** [Insert Client Name]

**Client Address:** [Insert Client Address]

## Service Provider:

[Insert Company Name]

[Insert Company Address]

[Insert Company Contact Information]

## Scope of Services

The Services to be performed are as follows:

- Pest Inspection
- Pest Elimination Treatment
- Follow-up Visits
- Prevention Strategies

## Fees and Payment Terms

The total fee for the services outlined above shall be [Insert Fee]. Payment is due upon receipt of the invoice.

## Duration of Agreement

This agreement will commence on [Insert Start Date] and shall continue for a period of [Insert Duration].

## Termination Clause

Either party may terminate this agreement with [Insert Notice Period] written notice.

## Signatures

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Client Signature

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

\_\_\_\_\_

Service Provider Signature

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