

# **Pest Management Service Agreement**

Date: [Insert Date]

Customer Name: [Insert Customer Name]

Address: [Insert Customer Address]

## **Service Provider:**

[Insert Company Name]

Address: [Insert Company Address]

Contact Number: [Insert Company Phone Number]

## **Scope of Services:**

This agreement outlines the pest management services to be provided by [Insert Company Name], which includes but is not limited to the following:

- Pest inspections
- Pest control treatments
- Prevention and monitoring

## **Service Schedule:**

Services will be performed [Insert Frequency of Service].

## **Payment Terms:**

The total cost for services rendered will be [Insert Amount]. Payment is due [Insert Payment Terms].

## **Termination:**

This agreement may be terminated by either party upon [Insert Number] days written notice.

## **Acceptance:**

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

\_\_\_\_\_  
[Insert Customer Name] - Customer

\_\_\_\_\_  
[Insert Company Representative Name] - Service Provider

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