

P.O. Box 388 • 111 Tulaka Blvd.
Heber Springs, AR 72543
501-362-8251



949 Batesville Blvd.
Batesville, AR 72501
870-251-4332

Pest Management Service Agreement

Customer _____ Call Date _____
Service Address _____ Description _____
Billing Address _____
Home Phone No. _____ Work _____ Account No. _____

Pets to be Controlled:

- Ants _____
- Cockroaches _____
- Crickets _____
- Fleas _____
- Flying Insects _____
- Mice _____
- Rats _____
- Scorpions _____
- Spiders _____
- Stored Product Pests _____
- Silverfish _____
- Ticks _____
- Trees & Shrubs _____
- OTHER _____

Areas to be serviced: Interior Exterior Attic Crawlspace Yard [Spot Treat]

Credit Card Information

VISA Master Card Discover \$ _____
Billing Address _____
Card # _____
Exp. Date _____ 3-4 Digit Security Code _____
Signature _____

**NO GUARANTEE FOR FIRE ANTS
NO GUARANTEE THAT ALL
SPIDERS WILL BE GONE**

Although we will make every effort to find & treat your pest infestation, due to variability of pest activity, we cannot be responsible for any arthropod bites or stings occurring during the contract period.

Any respiratory problems or other health concerns that would be aggravated by pesticides or pesticide odors?
 Yes No If yes, please explain: _____

TYPE OF SERVICE:

ONE TIME
Service Date _____ Manage _____ Cost _____ Retreatment Cost _____
Service guarantee: We agree to manage above-named pests in accordance with terms and conditions of this Service Agreement. All labor, materials and expertise will be furnished to provide the most efficient pest management and maximum safety required by federal, state and city regulations.

QUARTERLY MONTHLY OTHER _____
Initial Cost _____ Quarterly/Monthly Cost _____

This is a pest management agreement. Our company will make a reasonable attempt to contact the customer before or within the month the service is due in order to schedule an appointment. All accounts will be billed in the month they are due. It is also the customers responsibility to schedule when service is due. There will be NO extra charge for call back services for insects covered in this agreement (see above).

This agreement will renew annually unless notice is given by either party 30 days prior to anniversary date.

Company Representative _____ Date _____
Customer Signature _____ Date _____

Additional Comments: _____

