GENERAL PEST CONTROL
415 West Elm, New Albany, IN 47150
KY : 502-448-8040 IN : 812-945-9818 ◎ Fax 812-945-4065 ◎ email: emailus@kentuckytermite.com
www.kentuckytermite.com

COMMERCIAL SERVICE AGREEMENT

Service Information

Customer _____
Address _____
City _____ State & Zip _____
Contact _____ Phone _____
Email _____ Fax _____

Billing Information

Name _____
Address _____
City _____ State & Zip _____
Contact _____ Phone _____
Email _____ Fax _____

This commercial service agreement is entered into by and between _____, herein referred to as Customer and General Pest Control for pest control service as defined and under the terms set forth below.

SERVICE FREQUENCY. *Customer will receive _____ services to the above service address for the control of the following pests:*

_____

This Agreement does not, under any circumstances, provide treatment for or control of any other insect or organism.

SERVICE INFORMATION

_____

LIMITS OF LIABILITY. *Customer understands that General Pest Control liability under this Agreement is limited to providing a pest control service only and in no way, implied or otherwise, is General Pest Control liable for personal injuries or damage to persons, property, birds, animals, vegetation or any other damages whatsoever, including consequential and incidental damages, arising from this service. General Pest Control liability is specifically limited to the labor and products necessary to eliminate covered pests.*

NON-PAYMENT DEFAULT. *General Pest Control may terminate this agreement and send the outstanding balance to collections if payment is not received within sixty (60) days from the date of service. In the event legal action is necessary to collect money due, General Pest Control shall be entitled to recover from Customer all reasonable costs of collection, including reasonable attorney's fees and expenses, in addition to the outstanding balance due.*

ARBITRATION. *Customer and General Pest Control agree that any controversy or claim between them arising out of or relating to this service agreement will be settled exclusively by arbitration. Such arbitration will be conducted in accordance with the Commercial Arbitration rules then in force of the American Arbitration Association. The decision of the arbitrator will be a final and binding resolution of the disagreement, which may be entered as a judgment by any court of competent jurisdiction. Neither party will sue the other where the basis of the suit is this summary other than for enforcement of the arbitrator's decision. In no event will either party be liable to the other for indirect, special or consequential damages or loss of anticipated profits.*

CANCELLATION. *Either party may cancel this Agreement at any time with thirty (30) day written notice. All outstanding balances, for services provided, must be paid in full upon cancellation.*

PROGRAM FEE. *Your initial service fee, including all required stations and devices, is: $ _____.*

Your first year program fee, which starts on _____ through _____, is $ _____. You will be invoiced on a _____ basis in the amount of $ _____. This program will continue thereafter on a month to month basis until cancelled in writing by either party and is subject to price increases. (The cost of devices and stations are not included in your service program fee. Customer will be charged, at the current market rate, for all necessary devices, replacements and additions.)

PAYMENT POLICY. *Our payment term is net 30 upon the date of invoicing. There will be a $25.00 fee for all returned checks. Interest charges in the amount of 1½ percent, 18% annually, will be applied on unpaid balances over 30 days.*

Payment Method: ☐ *Cash* ☐ *Check* ☐ *Credit Card*

By signing this Agreement, I, as an authorized employee of Customer, certify that I have read and fully understand the provisions of this service agreement with all its terms and conditions without limitation, and it being specifically understood that General Pest Control and Customer are bound only by the terms and conditions of this service agreement and not by any other representations oral or otherwise. Prices quoted will remain valid for a period of 90 days.

I authorize General Pest Control to proceed with this service program.

Authorized by Customer _____ Date of Authorization _____

Customer Name (Please Print) _____ Job Title _____

This agreement is not authorized for service until approved, in writing, by the Branch Manager of General Pest Control.

Approved, (Manager, General Pest Control) _____ Date of Approval _____

Quoted by _____ Date of Quote _____

THANK YOU FOR YOUR BUSINESS