

SOUTHERN PEST CONTROL OF MD., INC.  
T/A

# SOUTHERN PEST CONTROL

3273 PINE ORCHARD LANE

#D

ELLCOTT CITY, MD 21042

301-408-7524

MDA License No.  
26087

Maryland Poison Center  
1-800-492-2414

## COMMERCIAL SERVICE AGREEMENT

CUSTOMER CORPORATE NAME \_\_\_\_\_

TRADE NAME IF ANY \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### INSECTS SELECTED FOR SERVICE

ANTS\_\_\_ ROACHES\_\_\_ MICE\_\_\_ RATS\_\_\_ SPIDERS\_\_\_ CRICKETS\_\_\_ OTHER\_\_\_

Effective from the initial service date through one year, Southern Pest Control of MD will perform an initial service and scheduled service visits for treatment and prevention of infestation for the insects selected above at the service address as follows.

Initial Service Date \_\_\_\_\_ Initial Service Fee \_\_\_\_\_ Square Footage \_\_\_\_\_

Number of Rodent Stations and Boxes Installed \_\_\_\_\_

Scheduled Services will be provided monthly \_\_\_\_\_ or quarterly \_\_\_\_\_ at a rate of \_\_\_\_\_.

Additional Service Information \_\_\_\_\_

Any additional service visits, requested by the customer within 30 days of a scheduled service visit, will be charged at a rate of \$40 per service time segment.

The cost of devices and stations are included in the initial service fee. Customer will be charged, at the current market rate, for all necessary devices, replacements, and additions.

All payments for services will be due 30 days from the date of service. Services will be suspended for delinquent accounts. There will be a \$25 fee for any returned checks.

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.

This agreement does not, under any circumstances, provide treatment for or control of any other insect or organism. This agreement provides for treatment only for selected insects and does not guarantee against present or future damage from selected insects to property or contents, nor provide for the repairs or compensation therefore.

Technician \_\_\_\_\_

Purchaser \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_