



A&R Pest Control

Pest Control Service Agreement

(682) 557-6671 or (409) 444-7225

info@arpestdfw.com

arpestdfw.com

Customer Information:

Name: _____

Service Address: _____

Phone: _____

Email: _____

1. Scope of Services:

AR Pest Control agrees to provide pest control services at the above-listed service address.

Services include:

- Inspection of premises
- Identification of pest infestations
- Application of appropriate pest control treatments
- Recommendations for preventing future infestations

Target Pests:

Service Frequency: [One-time / Monthly / EOM / Quarterly / Annually]

2. Term of Agreement:

This agreement shall commence on: _____ and will continue for a period of 12 months.

- Either party may terminate this agreement with a [30]-day notice.

3. Service Schedule:

Initial Service Date: _____

Subsequent Service Months: _____

4. Fees and Payment Terms:

Initial Service Fee: _____

Recurring Service Fee: _____

Payments are due upon completion of service.

Late payments may incur a fee of \$10 a week.

5. Client Responsibilities:

The client agrees to:

- Provide access to the property on scheduled service dates
- Follow all pre- and post-service instructions provided by AR Pest Control
- Notify AR Pest Control of any pest sightings or concerns between scheduled services

6. Warranty and Guarantee:

AR Pest Control offers a 30 day warranty on standard One Time Pest Services as well as a continuous pest free guarantee on recurring agreement services provided. If pests persist within this period, AR Pest Control will re-treat the affected areas at no additional cost.

7. Insurance and Licensing:

AR Pest Control is fully licensed and insured in the state of Texas. Proof of insurance and licensing is available upon request.

8. Governing Law:

This agreement shall be governed by the laws of the state of Texas.

9. Entire Agreement:

This document constitutes the entire agreement between AR Pest Control and the client. Any modifications must be in writing and signed by both parties.

Signatures-

Client Signature: _____

Date: _____

Authorized Representative (AR Pest Control):

Date: _____

Additional Notes:

Please ensure all sections are completed accurately. For any questions or clarifications, contact AR Pest Control at:

info@arpestdfw.com or (682) 557-6671.
