



PESTBUSTERS

250-888-8982

info@pestbusters.ca

3227 Seaton St., Victoria BC, V8Z 3V8

SERVICE AGREEMENT

BILLING INFO

NAME _____

ADDRESS _____

CITY & PROV. _____

POSTAL CODE _____

PHONE NO. _____

CONTACT PERSON _____

FREQUENCY OF SERVICE _____

STARTING DATE _____

OTHER _____

THE CUSTOMER agrees to pay PestBusters

INITIAL CHARGE \$ _____

MONTHLY CHARGE THEREAFTER \$ _____

ANNUAL CHARGE \$ _____

TERMS OF PAYMENT

- 1) PREPAYMENT
- 1) CASH OR CHEQUE AT TIME OF SERVICE
- 3) INVOICED 2% CHARGED MONTHLY ON OVERDUE ACCOUNTS
- 4) CARD NO. _____

THIS AGREEMENT IS SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE.

DATE ACCEPTED

PESTBUSTERS!

(SIGNATURE)

(TITLE)

SERVICE INFO

NAME _____

SERVICE ADDRESS _____

CITY & PROV. _____

POSTAL CODE _____

PHONE NO. _____

CONTACT PERSON _____

PESTS TO BE TREATED

AREA TO BE TREATED/INSPECTED

DATE ACCEPTED

CUSTOMER

(SIGNATURE)

(TITLE)