

# Parsons Pest Management

Inspection Date: / /

## Residential Pest Control Service Agreement

### Purchaser

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

### Premises

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

This agreement is for an initial period of twelve months from the date of the first service and, unless canceled by the purchaser, will automatically continue on a monthly basis until canceled by either party upon thirty days notice.

### BASIC COVERAGE - TREATMENT OR INSPECTION FOR

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> American Roaches     | <input type="checkbox"/> Smokey Brown Roaches | <input type="checkbox"/> House Ants     | <input type="checkbox"/> Millipedes     |
| <input type="checkbox"/> Brown Banded Roaches | <input type="checkbox"/> Mice                 | <input type="checkbox"/> Centipedes     | <input type="checkbox"/> House Crickets |
| <input type="checkbox"/> German Roaches       | <input type="checkbox"/> Rats                 | <input type="checkbox"/> Solitary Wasps | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Oriental Roaches     | <input type="checkbox"/> Silverfish           | <input type="checkbox"/> Earwigs        | _____                                   |

### EXPANDED COVERAGE

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Carpenter Ants | <input type="checkbox"/> Indoor Tick Control   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pharaoh Ants   | <input type="checkbox"/> Indoor Flea Control   | _____                                |
| <input type="checkbox"/> Exterior Ants  | <input type="checkbox"/> Black Widow Spiders   | _____                                |
| <input type="checkbox"/> Clothes Moths  | <input type="checkbox"/> Brown Recluse Spiders | _____                                |

### SPECIAL INSTRUCTIONS

CHILDREN: ☐ YES ☐ NOPETS: ☐ YES ☐ NO

Ages: \_\_\_\_\_

Types: \_\_\_\_\_

☐ Crawl Space Interior Access \_\_\_\_\_☐ Crawl Space Exterior Access \_\_\_\_\_☐ Back Yard Access \_\_\_\_\_

SERVICE FREQUENCY	SERVICE / INSPECTION												METHOD OF PAYMENT	
<input type="checkbox"/> Monthly	Check one for month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	<input type="checkbox"/> Remit to Service Technician
<input type="checkbox"/> Quarterly	INTERIOR													<input type="checkbox"/> Pay From Work Order
<input type="checkbox"/> Every Other Month	EXTERIOR													<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
														<input type="checkbox"/> Credit Card
														# _____

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT. The Terms and Conditions on the reverse side, including the arbitration agreement and guarantee, are part of this agreement. The initial service will occur within 30 days of the date of the contract and be completed as set forth herein.

I UNDERSTAND THAT THIS AGREEMENT IS FOR AN INITIAL PERIOD OF TWELVE MONTHS.

\_\_\_\_\_  
Purchaser Date

\_\_\_\_\_  
Company Representative Signature Date

### SERVICE CHARGE

Initial Service Charge	\$
Regular Service Charge	\$
<b>Sub-total Annual Amount</b>	\$
Sales Tax	\$
<b>Total Annual Amount</b>	\$
Amount Remitted with Agreement	\$

Licensed and Regulated by the TDA, Structural Pest Control Service,  
PO Box 12847, Austin, Texas 78711-2847 (512)305-8250