Bug*Master
INCORPORATED

825 Gatepark Drive, Ste.1, Daytona Beach, FL, 32114
P.O. Box 211299, Daytona Beach, FL 32121
Phone 386.253.9600
Fax 386.253.0103

PEST MANAGEMENT SERVICE AGREEMENT

Owner/Agent Information

Name

Mailing Address

City State Zip

(____)_____ (____)_____
Home Phone Work Phone

Property Information

Owner or Tenant Name (if different)

Address of treated structure

City State Zip

(____)_____ (____)_____
Home Phone Work Phone

TREATMENT INFORMATION: **Bug*Master, Inc.** is authorized to treat the listed structure(s) for:

FREQUENCY OF TREATMENT

- ☐ One Time - 30 DAY WARRANTY - (PCOT)
- ☐ Twice a Month - (PCMO2)
- ☐ Monthly - (PCMO)
- ☐ Every Other Month - (PCEOM)
- ☐ Quarterly Perimeter Plus* - (QTPP) - SEE NOTE BELOW
- ☐ Annually - (PCYR)
- ☐ Other _____(specify)

ORGANISM(S) TO BE TREATED (Check all that apply)

- ☐ Cockroaches
- ☐ Nuisance Ants
- ☐ Silverfish
- ☐ Millipedes
- ☐ Spiders
- ☐ Earwigs
- ☐ Carpenter Ants
- ☐ Rats/Mice
- ☐ Wasps/Bees
- ☐ Scorpions
- ☐ Pantry Pests
- ☐ Other _____

Recommendations/Special Instructions:_____

SAMPLE

PLEASE CALL US FOR INFORMATION REGARDING TREATMENT FOR SUBTERRANEAN OR DRYWOOD TERMITES!

***NOTE: FOR QUARTERLY SERVICE ONLY-** Structures with Quarterly Perimeter Plus Service shall have the interior and exterior treated on the initial (first) treatment. Thereafter, the interior is treated on an as needed basis only, with exterior perimeter treatments to be done on a quarterly (every 3rd month) basis**. "Skipped" Quarterly treatments will be charged fifty percent (50%) of service rate (cost per application below). Service amount is due when the exterior is treated or "skipped" . (Customer Initials)** _____

PAYMENT SCHEDULE: **All payments are due upon completion of treatment.** A finance charge of one and one-half percent (1.5%) will be assessed monthly on all account balances over 30 days. Account balances older than 90 days are subject to a late fee, collection fee, and if necessary, legal fees associated with collection proceedings. Returned checks will be assessed a minimum $20.00 returned check charge or the maximum allowable by law. When payment is received, finance charges, late fees, etc. will be credited before applying payment to service amount. By signing this agreement the customer does acknowledge responsibility for such fees.

SERVICE GUARANTEE: If you are not satisfied with this service for any reason, **Bug*Master, Inc**. will retreat the listed property to insure your satisfaction at no additional charge within the warranty period provided all balances are current.

SERVICE RENEWAL: This agreement shall be for an initial period of **one year** (unless one time treatment or otherwise specified above), and **will renew itself annually** unless either party cancels this agreement by giving 30 days written notice before any expiration date. Service amount may be changed if service type is modified or by written notice from **Bug*Master, Inc.** prior to next service date.

SERVICE RATE:

Initial service charge…….. $_____
Cost per application…….. $ _____
X applications per year.. _____
Sales tax (if commercial)….. $_____
Total annual amount…….. $_____
Amount remitted…….. $_____

_____ _____
Customer Signature **Date**

_____ _____
Bug*Master, Inc. Associate **Date**

YOUR NEIGHBORS TRUST US TO PROTECT THEIR HOMES FROM PESTS. **SHOULDN'T YOU?**

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction, by giving written notice of cancellation by registered mail to **Bug*Master, Inc.**