SOUTHERN PEST CONTROL OF TN., INC.
t/a
SOVEREIGN PEST CONTROL
301 South Perimeter Park Dr., Suite 100
Nashville, TN 37211 (615) 227-6207
www.sovereignpestcontrol.com
CHARTER 4825

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, Sovereign Pest Control of TN 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_____