



Weir
Pest Services, Inc.

P.O. Box 253
Glen Burnie, MD 21060
410-551-1178 • 410-551-5161 Fax
MDA #28743

PEST CONTROL SERVICE AGREEMENT

Date of Agreement: _____

CUSTOMER INFORMATION

Name: BERKLEIGH SQUARE Condominiums/RR6
 Address: 3600 CRONDALL LANE
 City: OWINGS MILLS State: MD Zip Code: 21117
 Phone: () _____ Phone: () _____
 Contact: CATHY PRICE E-Mail: _____

SERVICE ADDRESS

Name: BERKLEIGH SQUARE CONDOMINIUM
 Address: RIDGE ROAD
 Address: _____
 City: ROSEDALE State: MD Zip Code: 21237
 Phone: () _____ Phone: () _____
 Description of Structure(s) Covered: 3. CONDOMINIUM Bldgs.

TERMS & CONDITIONS

- 1.) The company agrees to perform pest control services at the service address listed above.
- 2.) The company will provide MONTHLY (frequency) pest control services to control the indicated pest.
- 3.) Customer agrees to make the place of service available for treatment and/or inspection as often as necessary to control the pests checked below.
- 4.) This agreement will be for an initial term of 12 months.
- 5.) After the initial period, this agreement will automatically renew for the same term unless cancelled by either party by giving a 30-day notice in writing to the other party.
- 6.) If for any reason, I am not able to fulfill the term obligation, I agree to pay an early termination fee equal to 50% of the remaining contract value. (\$75.00 min.)
- 7.) The company reserves the right to revise the service charge after the 1st year of service.
- 8.) This agreement does not provide for the repair of present or future damages to the service address, nor does it provide for reimbursement for repair expenses allegedly arising from pest infestations.
- 9.) In entering into this agreement the customer waives all claims for damages to the property or persons which may result indirectly from work performed by the company, with the exception of gross negligence on the part of the company.
- 10.) This agreement does not include service for termites or other wood destroying insects, nor does it provide for damages arising from infestation of the same.

Scheduling: I understand that I will have a regular appointment window set for me each service frequency. I also understand that if this date is inconvenient or it is not possible for me to make the appointment that I will contact Weir Pest Services, Inc. with 24 hour prior notification or I will be responsible for payment of the service. I also understand that if I am not present for this scheduled service, Weir Pest Services, Inc. will treat the exterior, leave a service ticket with what was completed and I will be responsible for payment of this exterior service. I also understand that it is my responsibility to schedule another treatment during the service frequency period or I will be responsible for payment of this service regardless of whether the service was completed.

Initially Covered Pests

- Ants
- Carpenter Ants
- Silver Fish
- German cockroaches
- Oriental Cockroaches
- G.P.C.
- Bees/Wasps
- Crickets
- Rodents
- Pantry Pest
- Fleas
- Other (specify) _____

Cost per Term

Initial Service	<u>216.00</u>
Svc. Cost x Freq.	
<u>36.00 x 11 months</u>	<u>396.00</u>
Add Pkg. Option	_____
Add Pkg. Option	_____
Add Pkg. Option	_____
Term Cost	<u>612.00</u>
Auto. C.C. Disc. (5%)	_____
Pre-pay Disc. (10%)	_____
Total Term Cost	_____
Amount Remitted w/Agr.	_____

Secondary Coverage/Packages

- Full Coverage Option
- Additional Package (specify) INSTALL 12 EXTERIOR Rodent
- Additional Package (specify) BAITERS. MONTHLY MONITOR
- Additional Package (specify) OF STATIONS. Replacement cost
- Miscellaneous Work IS \$17ea STATION

By signing, I agree to the above-stated terms and conditions:

[Signature] 10-25-17
Authorized Company Signature (Date)

[Signature]
Customer Signature (Date)

NOTICE: You, the customer, may cancel this transaction at any time prior to the third business day after the date signed above unless work has been started prior to the aforementioned date.