



Job Acceptance Contract

Customer Name	
Nature of Business	
Address	Invoice Address (if different)
Postcode	Postcode
Contact Name	Contact Name
Telephone No.	Telephone No.

A Guardian Pest Solutions has/will carry out the following treatment/service/installation:

Materials Used:

B THE CUSTOMER agrees to pay for the above at the rate of £ _____ plus VAT.

CREDIT/DEBIT CARD PAYMENT

Debit/Credit Card Number

Card Expiry Date ____/____/200__

DIRECT DEBIT

C Date of Treatment/Service/Installation ____/____/200__

F I have examined these details and the general terms and conditions and agree that they are correct.

Customer signature _____ Name (print) _____

Position _____ Date ____/____/200__

Signed for Guardian(PS) _____ Name (print) _____