



Service Agreement

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

- A Guardian Pest Solutions agrees to make ____ inspections per annum at regular intervals.
The contract will commence on _____ 200__

Pests

Electronic Fly Control Unit Maintenance

- B Service visits normally take place on weekdays between 8.00am – 5.00pm. Where service visits are required outside of these hours, additional charges may be necessary. All pesticides used comply with current UK legislation.
Are there any times when access will NOT be possible? _____

- C Special Instructions _____
D THE CUSTOMER agrees to pay for these services at the rate of £____ quarterly plus VAT. The initial payment is due on commencement of the Agreement and subsequent payments quarterly in advance.

CREDIT/DEBIT CARD PAYMENT

Debit/Credit Card Number

Card Expiry Date ____/____/200__

STANDING ORDER

- E Termination is as in the general terms and conditions.
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) _____