



1-800-5NO-BUGS
www.apmservices.com

APM COMMERCIAL PEST SERVICE AGREEMENT

CUSTOMER NAME ELSMERE TOWN Hall PHONE NO. 302-998-2215
SERVICE ADDRESS 220 NEW Rd CONTACT NAME HEATHER
CITY Wilmington STATE DE ZIP CODE 19805 CONTACT PHONE NO. _____
BILLING ADDRESS 11 Poplar Avenue Wilm DE 19805
DESCRIPTION OF PREMISES TO BE TREATED _____ DATE 6-12-14
DATE SERVICE BEGINS _____ SERVICE FREQUENCY _____

PESTS INCLUDED IN SERVICE AGREEMENT:

MICE, RATS, ROACHES, ANTS, SPIDERS, SILVERFISH

SERVICE INSTRUCTIONS / ROUTINES:

MICE + ANTS IN OFFICE

SERVICE AGREEMENT

APM agrees to apply proper pest control inspections and services necessary to control the above named pests. Service will be rendered during normal working hours (7a.m.-5p.m.) unless otherwise previously agreed in writing. Customer agrees to cooperate with APM and correct all reasonable conditions that may contribute to ongoing infestation. Additional necessary equipment, or equipment damaged by the customer, will be an additional charge. Covered pests that appear between regular services will be treated at no additional charge.

SERVICE TERMS AND CONDITIONS

If the customer is not available at the time of the scheduled service visit, an outside service will be performed and the customer will be billed. The customer may contact APM for an inside service at a later date at no additional charge. Services rescheduled at the request of the customer must be completed by the end of each month and may not be skipped. Customer will be billed for refusal of scheduled services. Customer is responsible for any collection or attorney's fees that may result while attempting to collect past due debts. This agreement is for an initial period of one year, and will renew itself annually unless either party cancels by giving 30 days written notice to the other party.

PAYMENTS:

INITIAL SERVICE CHARGE 60

MONTHLY / BIMONTHLY / QUARTERLY PAYMENTS 30 monthly

ANNUAL AGREEMENT TOTAL N/A

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after signing this agreement.

I have read and agree to the terms of this agreement.

Jim Coxen
APM REPRESENTATIVE

[Signature]
CUSTOMER AUTHORIZATION

6/12/14
DATE