

RAYCO PEST CONTROL

8505 EASTER
HOUSTON, TX 77088
281-444-3525
FAX: 281-999-0161

RESIDENTIAL AND COMMERCIAL PROPOSAL AND SERVICE AGREEMENT

Payable at \$ _____ with the first service and a minimum of _____
more installments of \$ _____ per Monthly/BiMonthly/Quarterly/Other _____

(All pricing is plus tax if applicable)

Target Pests: _____

DAY Service NIGHT Service

Name of Company _____ Telephone _____
Contact Name _____ Fax # _____
Billing Address _____ Zip Code _____
Service Address _____ Zip Code _____
Email _____ Key Map _____

RAYCO PEST CONTROL will perform regular service monthly/bimonthly/quarterly for the control of:

- | | | | | | |
|----------------------------------|--|---|--|--|--------------------------------|
| <input type="checkbox"/> Roaches | <input type="checkbox"/> Weevils | <input type="checkbox"/> Pharaoh Ants | <input type="checkbox"/> Crazy Ants | <input type="checkbox"/> Baiting for Rats & Mice | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Spiders | <input type="checkbox"/> Silverfish | <input type="checkbox"/> Fire Ants | <input type="checkbox"/> Carpenter Ants | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Treatment: | <input type="checkbox"/> Treat the Exterior | <input type="checkbox"/> Treat Accessible Ceilings | <input type="checkbox"/> Inspect/Treat Office Area | | |
| | <input type="checkbox"/> Bait the Exterior | <input type="checkbox"/> Treat All Restrooms | <input type="checkbox"/> _____ | | |
| | <input type="checkbox"/> Inspect/Treat Warehouse | <input type="checkbox"/> Inspect/Treat Common Areas | <input type="checkbox"/> _____ | | |
| | <input type="checkbox"/> Inspect Exterior Stations _____ # | | | | |
| | <input type="checkbox"/> Inspect Interior Stations _____ # | | | | |

Special Specifications: _____

Basis for a period of not less than one year commencing on _____. Thereafter, this Agreement shall automatically renew on the same terms and conditions for an additional one year period and successive one year periods thereafter unless the Customer terminates in writing thirty (30) days prior to the expiration of the initial period or any successive periods.

SUBMITTED FOR RAYCO
By: _____ Emp. # _____
Date: _____

ACCEPTED:
By: _____
Duly Authorized Agent
Date: _____ Treatment Date: _____

RAYCO #TPCL13426
Licensed and Regulated by THE STRUCTURAL PEST CONTROL BOARD
P.O. BOX 1927, AUSTIN, TEXAS 78767-1927, PHONE (512) 305-8250

A carrying charge of 1-1/2% MONTHLY (18% ANNUALLY) will be made on all accounts which are past the due date or the maximum rate permitted by law.