



**Next Level Pest Control** Company Phone: **706-455-4360**

Company Address: **1920 Old Epworth Rd** Company Email: **Next\_LevelPest@outlook.com**

Company City, State, Zip: **Epworth Ga 30541** Company URL: **www.nextlevelpc.org**

**CUSTOMER** **SERVICE ADDRESS**

Customer Name: Location Name:

Billing Address: Service Address:

City/St/Zip: City/St/Zip:

Land Line: Cell: Land Line: Cell:

Description of Structure(s) Covered:

**TERMS**

*The Georgia Structural Pest Control Act requires all pest control companies to maintain insurance coverage. Information about this coverage is available from this pest control company.*

1. The Company agrees to provide pest control services at the service address indicated above.

2. The Company will provide pest control service (frequency) \_\_\_\_\_ x \_\_\_\_\_

3. Customer agrees to make the place of service available for the treatment and/or inspection as often as necessary to control pest(s) checked below.

4. This agreement will be for an initial period of \_\_\_\_\_ months and will continue thereafter on a month to month basis. or if indicated as below

6. The Company shall reserve the right to revise the monthly fee after the first \_\_\_\_\_ months.

7. This agreement does not provide for the repair of present or future damages to the service address, nor does it provide reimbursement for repair expenses allegedly arising from pest infestations.

8. In entering into this agreement customer waives all claims for damages to 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.

9. This agreement does not include service for termites or other wood destroying insects, nor does it provide for damages arising from infestation of same.

**PEST(S) TO BE CO BE CONTROLLED UNDER THIS AGREEMENT --- -Service due on checked month applicable**

IPM Pest Control			Jan		July
Fire Ants			Feb		August
Rodent			March		Sept
German Roaches			April		Oct
Flea Treatment			May		Nov
Regular Service			June		Dec
<u>      X      </u>		SP32259			

Carpenter Bee Treatment Next Level Pest Control is not responsible for holes over 32 feet in high or woodpecker damage

FEE	Initial Fee	IPM Pest Control	Total

**Figure A**  
**Electronic Communication Acknowledgement Statement.** In accordance with state regulations, pest control companies have a responsibility to provide you with a record every time a pesticide product and/or pest system is applied. This record is required to be provided to the property owner, resident or custodian of the property. This record may include post-application precautionary information. Licensed and regulated by the Georgia Department of Agriculture, 19 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-3641.

**NOTICE**  
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."

I understand and request that my pesticide use records be provided or made available to me electronically.  
 Signature of owner, resident or custodian of the property & Date **SIGN HERE**

Authorized Agent Date: Customer Signature: Date:

**SIGN HERE**