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**SERVICE CONTRACT**

***BOOKING/CONTRACT NUMBER –* {contractNo}**

***BOOKING/CONTRACT DATE-***  {date}

**Billing Address**

**Shipping Address**

|  |  |
| --- | --- |
| ***Customer Name*: {billToName}**  ***Invoice Address:***  {billToAddress},{billToCity}-{billToPincode} | ***Service Address:***  {shipToAddress},{shipToCity}-{shipToPincode} |

***Contact Person:*** {contactName}

***Contact Number***: {contactNumber}

***Email Id:-*** {contactEmail}

**Contract Period**

***START DATE* : {startDate}**

***END DATE* : {endDate}**

**Service Covered:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Service** | **Service Frequency** | **Area** | **Premises Under Contract** |
| {FOR serv in services} | | | |
| {INS $serv.name} | {INS $serv.frequency} | {INS $serv.area} | {INS $serv.location} |
| { END-FOR serv } | | | |

|  |
| --- |
| **Billing Terms: {** **billingFrequency }** |
| **Contract Is Subject To Advance Payment Violation Of Payment Term Will Be Violation Of Contract** |
| **\*There No Warranty Or Guarantee For Single Services** |

|  |  |
| --- | --- |
| **Name: {billToName}** | **Employee Name: {sales}** |
| **Date: {date}** | **Employee Code:** |
| **Customer Signature:** | **Signed for PMS:** |



Mode of Payment: All Payments to be made in favor of “PEST MANAGEMENT & SERVICES” only. The customer is liable to pay bank charges arising as a result of bounced cheque and charges will be accepted in cash only.

**Customer Care: 1800 2677 039** [**solution@pestmanagements.in**](mailto:solution@pestmanagements.in)