**SERVICE CONTRACT**

**Sr. No.**

**Date: {date}**

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

**Contract Period**

**Billing Address**

***Customer Name*: {billToName}**

***Invoice Address:*** {billToAddress},

{billToCity} - {billToPincode}

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

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

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

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

**Shipping Address**

***PMS Contact*:**

***Service Address:* {shipToAddress},**

**{shipToCity} – {shipToPincode}**

***PMS Tel. No.*:**

**Service Frequency:**

**1 YEAR WARRANTY**

**Service Covered:**

**Billing Frequency: {billingFrequency}**

|  |
| --- |
| **Contract Is Subject To Advance Payment Violation Of Payment Term Will Be Violation Of Contract** |

\*These service have no subsequent visits. Therefore, we shall attend to any complaint or call-backs on such services for an additional charges.



**Name: {billToName} 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)