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**SERVICE CONTRACT**

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

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

**Billing Address**

**Shipping Address**

***Customer Name*: {billToName} *Service Address:***{shipToAddress}

***Invoice Address:*** {billToAddress}, {shipToCity}-{shipToPincode}

{billToCity} - {billToPincode}

**Contract Period**

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

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

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

***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} 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)