** Mosquito Solutions**

**Pest Control Service Agreement Contract**

**Company Name: Mosquito Solutions**

**Address: PO Box 732 Grand Cayman Islands KY1-1303**

**Phone Number: 1345-548-0720**

**Email: mosquitosolutions88@gmail.com**

**Customer Name:**

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|  |  |  |
| --- | --- | --- |
| **Address:** | **PO Box:** | **District** |
|  |  |  |

**Types of Property to be Sprayed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Residential** | **Commercial** | **House Lot** | **Agriculture** |
| **Yes** |  |  |  |
|  |  |  |  |

**Length of Service**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 Months** | **6 Months** | **1 year** | **One off Service** |

|  |
| --- |
| **Description: Full coverage of mosquito barrier to entire exterior of property including all outside structures, vegetation and brush surrounding perimeter with treatment to all stagnant water with weekly sight inspection until infestation is under control.** |
| **Special Instructions:** |

**Date of Service:**

|  |
| --- |
|  |

**Expiration Date**

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|  |

**Pest to be Control:**

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| --- | --- | --- | --- | --- |
| **Mosquito** | | **Ticks** | | **Roaches** |
|  | |  |  | |
| **Others** |  | | | |

**Special Instructions**

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**Service Guarantee**

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| **Mosquito Solutions agree to apply Organic pesticides to control the above name of pest.** |
|  |

**Service Renewal**

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| **This agreement shall be for an initial period of above choice. In the case of either parties wishes to terminated this agreement, he or she must at least give a month notice before any expiration date.** |
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**Company Signature: Date:**

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**Customer Signature: Date:**

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**Bank Information**

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| **Name of Bank** | **Cayman National bank** |
| **Payments Information** | **Mosquito Solutions** |
| **Account Number** | **01116504** |