

Ref No:
A/c No:

**PEST CONTROL SERVICE AGREEMENT/ REQUEST FOR SERVICE  
COMMERCIAL**

Date Received:	Taken by	<b>Account Address.</b>	
Name:		Name:	
Address:		Address:	
Post Code:	Tel:		Tel:
Pest Type:		LOCATION:	
STATUS: :			
ORDER NO/COST CODE:		APPOINTMENT:	
		Allocated to:	

**CURRENT CHARGES (excluding VAT)**

Rats/Mice (indoors only)	£90.00 + VAT for first hour (or part thereof) then £45.00 + VAT per ½ hour	Wasps' Nest  £48.00 + VAT plus additional £20.00 + VAT for each extra nest treated in one visit
Cockroaches/Bedbugs	£90.00 + VAT for first hour (or part thereof) then £45.00 + VAT per ½ hour	
Pharaoh Ants	By quotation	
Fleas	£90.00 + VAT for first hour (or part thereof) then £45.00 + VAT per ½ hour	
All other insects including Ants (except Pharaoh Ants), Bees, etc	£75.00 + VAT for first hour (or part thereof) then £37.50 + VAT per ½ hour	
Call-out charge	£35.00 + VAT	
Survey Work	By quotation	

**PEST CONTROL AGREEMENT**

**Note - Technicians will not accept payment. An invoice will be sent at a later date.**

I/We (print full name) \_\_\_\_\_ \*owner(s) \*occupier(s) of the premises named above, request and authorise Public Protection Services to carry out a treatment/survey to **attempt** to eradicate the infestation highlighted above at my/our premises. **The treatment carried out on my/our premises has been fully explained to me/us**, an Environmental Risk Assessment has been carried out, and a poison safety sheet, together with a survey checklist detailing the number and positions of any bait points being used, has been left with me/us by the Pest Control Technician.

I/We undertake to pay on demand the appropriate charges for the service.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

**For Health and Safety reasons no baits will be left at the end of the treatment**

DATE	ARRIVE	DEPART	REVISIT DATE/TIME IF REQUESTED	INT	
					DATE COMPLETED:
					FEE DUE:
					VAT:
					TOTAL FEE DUE: