



864.266.3876

SERVICE AGREEMENT

Dixon Complete

START DATE:

TIME

MAP CODE

DIXONPESTSOLUTIONS@gmail.com

SERVICE ADDRESS	BILLING ADDRESS (IF DIFFERENT)
NAME	NAME
STREET ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
PRIMARY PHONE	
SECONDARY PHONE	
EMAIL ADDRESS	

DIXON Complete AGREEMENT

PAYMENT AUTHORIZATION

This service agreement is to authorize Dixon Pest Solutions LLC (DPSLLC). To access and perform services at the above service address property. This agreement authorizes service for a minimum period of one year (12 months). Services are performed quarterly (4 services a year). After the initial 12- month period, services will continue to be rendered until DPSLLC receives written notice of cancellation. Any discounted initial treatment is given based on a minimum 12- month agreement. Therefore the undersigned customer agrees to pay DPSLLC the amount of the discount if the contract is cancelled prior to the expiration of the 12- month term. This transaction may be cancelled for any reason prior to midnight of the third business day after the date of this transaction.

This service provided by DPSLLC does not include prevention of wood-destroying pests such as termites, or any other wood-destroying organisms. DPSLLC shall not be liable for any claim for personal loss or bodily harm caused by pests and the undersigned Customer, on behalf of itself, its estate, heirs, successors, and assigns hereby releases, remises, discharges, and hold harmless DPSLLC and its authorized agents and employees from any and all actions or causes of action, suits, claims, complaints, contracts, liabilities, agreements, promises, contracts, debts, damages, controversies, judgements rights and demands of every kind and nature, whether existing or contingent, known or unknown, suspected or unsuspected, through and including the execution and delivery by the undersigned of this Agreement(collectively "Claims"), including without limitation, those arising out of the services, this Agreement or pests.

DPSLLC will service the exterior of the property on the initial visit. During subsequent visits, DPSLLC will service the exterior of the property whether or not the customer is home. It will be the customer's responsibility to contact DPSLLC if they would like the interior of the home serviced. Such call back interior services shall be completed by DPSLLC at no extra charge.

Service Guarantee: If between regularly scheduled treatments the customer sees that additional service is needed, DPSLLC will return and re-service the home at no extra charge.



One time charge _____

Monthly charge 25.00

I hereby authorize Dixon Pest Solutions LLC (DPSLLC) to automatically withdraw funds from my provided Credit/Debit card above for scheduled treatments or other charges associated with this pest control service agreement. I understand the entire amount due on my account will be charged before services are rendered. I authorize DPSLLC to automatically withdraw funds from my account the first week of each month. In the event of an incorrect amount or entry, I authorize DPSLLC to reverse the transaction as requested. This authorization is to remain in effect until DPSLLC has received written notice of termination in accordance with the terms of this agreement. All written notices must be sent to Dixon Pest Solutions at P.O. Box 801 Reidville SC 29375



CC #

NAME AS IT APPEARS ON CARD

EXPIRATION DATE

CVV CODE

AUTHORIZED SIGNATURE

Dixon Pest Solutions Service Representative

Date

Home Owner or Authorized Agent

Date

Special instructions, Notes, etc.