



Commercial
ATLANTIC STATES/EASTERN
TERMITE & PEST CONTROL
An APM Company

P.O. Box 7384, 87 1/2 S. Chapel Street
Newark, DE 19714
302-368-9116

Send 3rd Thursday of Month
Service time 05
3-5-07

Signed 98

Pest Control Agreement

- This agreement authorizes **Atlantic States / Eastern Termite & Pest Control** to provide Regular Pest Control Service at this premise.

SERVICE INFORMATION

BILLING INFORMATION

Customer	<i>EMMERG Town Hall</i>		
Street	<i>11 PORTER AVE</i>		
City	State	Zip	
<i>ELSMERE</i>	<i>DE</i>	<i>19805</i>	
Customer Service Contact:	Telephone:		
<i>ZARRY DELESKI</i>			

Customer-Invoice to:	<i>SAME</i>		
Street			
City	State	Zip	
Attn. Of:	Telephone		

- Regular Pest Control Services provides for inspection and treatment scheduled *1 time* per *MONTH* for the control of cockroaches, mice, rats, silverfish and ants (excluding carpenter ants). It is understood that other pests are not covered by this agreement unless otherwise specified below. If emergency service must be rendered at times other than normal working hours, there will be an additional charge. Because **Atlantic States / Eastern Termite & Pest Control** provides this emergency service, no credit will be given on the monthly charge if regular service is not rendered due to a legal holiday.
- Atlantic States / Eastern Termite & Pest Control** liability for property damage is limited to such damages as are related to the negligence of **Atlantic States / Eastern Termite & Pest Control** or its employees.
- Results of service rendered are strictly relative to and dependent upon cooperation by the Customer as to sanitary conditions, maintenance, and/or accessibility of the building or premises. The Customer agrees to cooperate with **Atlantic States / Eastern Termite & Pest Control** in whatever reasonable manner necessary to facilitate proper treatment and control.
- SERVICE AREA DESCRIPTION: *Keep Separate (30) Police DEPARTMENT (30)*
Non-Res. Office (20) EMMERG RECREATION (20)
- OPTIONAL PESTS TO BE INCLUDED IN THIS AGREEMENT: _____
- CUSTOMER RESPONSIBLE FOR: _____
- This agreement is binding on both parties for one year. During this time, **Atlantic States / Eastern Termite & Pest Control** agrees to provide service as described above at no increase in charges. The Customer agrees to maintain the service for the entire year and pay all invoices within 30 days. This agreement will continue after one year on a month to month basis.
- Charges for the first month, payable net 30 days \$ *100 70⁰⁰*
Charges for each month thereafter, payable net 30 days \$ *100 70⁰⁰*
- Atlantic States / Eastern Termite & Pest Control** reserves the right to alter or amend this agreement if it is not accepted within 60 days.

FOR ATLANTIC STATES / EASTERN
TERMITE & PEST CONTROL

CUSTOMER AUTHORIZATION

Rep: _____ Date *3/5/07*

x _____ Date _____
By _____ Title _____

—PLEASE RETURN YELLOW COPY TO OUR FILES — THANK YOU —