



JP McHale Pest Management, Inc.

241 Bleakley Avenue, Buchanan, NY 10511

COMMERCIAL SERVICE AGREEMENT

MAP CODE

SERVICE 1-800-479-2284

PROPOSAL DATE _____

FAX# 914-788-9832

SERVICE INFORMATION			
NAME (owner or agent)			
ADDRESS			
CITY	STATE	ZIP CODE	
SERVICE CONTRACT			
EMAIL	PHONE		

BILLING INFORMATION			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
BILLING CONTRACT			PHONE

Our examination revealed _____
 J.P. McHale Pest Management, Inc. agrees to formulate an integrated Pest Management Program, at the aforementioned property. The service will target the following pests: * Ants Bees Cockroaches Mice
 Rats Spiders Stored Product Pests Wasps Other _____

INTENSIVE TREATMENT -
 This initial phase of our program is custom made to meet the needs of your facility. Our goal is to identify pest pressure in the structure, determining exactly what species are present. Service is performed as needed to crash existing pest population levels below predetermined thresholds.

FLYING INSECT PROGRAM -
 An aggressive approach formulated to crush flying insect populations. Several tools may be employed to attain desired control measures. All equipment is maintained by our experts.

_____ fly treatment(s) @ _____ + tax each _____ **NOTES** _____
 _____ fly grids @ _____ + tax each _____
 _____ fly grid maintenance @ _____ + tax each _____
 _____ Microbial (5 gal.) @ _____ + tax each _____
 _____ drains cleaned @ _____ + tax each _____

CHARGES	
	<input type="checkbox"/> per year <input type="checkbox"/> per visit + tax <input type="checkbox"/> per month
	<input type="checkbox"/> per year <input type="checkbox"/> per visit + tax <input type="checkbox"/> per month
	<input type="checkbox"/> per year <input type="checkbox"/> per visit + tax <input type="checkbox"/> per month

INTEGRATED PEST MANAGEMENT PROGRAM -
 This service is designed to suppress pest population levels below pre-determined thresholds. Mechanical, biological, physical, cultural and low impact material means are employed to do as such. Regular inspections will be conducted and remedial treatment rendered to provide positive control of the above captioned pests. (Services provided during normal working hours M - F 8am-4pm. Emergency Service available at additional cost). Service will be rendered: Monthly Semi-Monthly 4X per month Weekly Daily Quarterly Tri Annually

COMMUNITY MANAGEMENT PROGRAM -
 This service plan is structured to meet ever-changing needs of our coop and condo resident clients. Common areas are treated regularly; excluding on call services. Service to the individual unit residents as indicated: (Service provided during normal working hours M - F 8am-4pm. Emergency Service available at additional cost).
 Exterior Only On Call Interior and Exterior Sign up Basis Door to Door

* Types of ants covered: Acrobat, Pavement, Field, Little back, Odorous house, Pharaoh.

SPECIAL INSTRUCTIONS _____

METHOD OF PAYMENT COD - Remit to Technician 5% Annual Pre-Pay Discount Pre-Bill Deposit required

Please charge my _____ EXP DATE _____
 VISA, MC, AMEX, DISCOVER

ACCEPTANCE OF PROPOSAL

THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND HEREBY ACCEPTED. YOU ARE AUTHORIZED TO COMPLETE THIS AGREEMENT AS SPECIFIED. I AGREE TO ACCEPT LABELS IN DIGITAL FORM AND HAVE INTERNET ACCESS TO WWW.NOPESTS.COM. I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SHEET ON THE REVERSE SIDE OF THIS AGREEMENT. I HAVE READ AND UNDERSTAND THE ENCLOSED CUSTOMER RESPONSIBILITY SHEET OUTLINING PREPARATIONS.

AUTHORIZED SIGNATURE _____ DATE _____

SERVICE REPRESENTATIVE _____ DATE _____