

# BORDER PEST CONTROL, INC.

[Jim@Pest-Pros.com](mailto:Jim@Pest-Pros.com) Solving Pest Problems Since 1973 [www.Pest-Pros.com](http://www.Pest-Pros.com)

Deming (575) 546-7863, Las Cruces (575) 523-7222, Silver City (575) 534-1000, toll free (888) 235-7378

## Customer information sheet

Date: \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Service address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (landline) \_\_\_\_\_ Cell phone \_\_\_\_\_ Alt. phone \_\_\_\_\_

Type of service requested  Perimeter  Inside/Out  Other \_\_\_\_\_

Frequency requested  Monthly  Bi-monthly  Quarterly  Semi-Annual  Annual

Days service cannot be done  Monday  Tuesday  Wednesday  Thursday  Friday

Times service cannot be done  Morning  Mid-day  Afternoon  Other \_\_\_\_\_

Please provide the following if we will be accepting your personal checks.

Driver License(s) # \_\_\_\_\_ State \_\_\_\_\_

**Credit Terms:** Payments are due at time of service (COD) unless the following section is completed. Upon approval, payments are due within 30 days of service. 2% finance charges are added to accounts with unpaid balances over 30 days (\$1 minimum) per month.

How long at current address \_\_\_\_\_  Own  Rent

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse's Full Legal Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Type of credit requested:  Charge Acct  Credit Card Acct  ACH/EFT (attach voided check)

**Charge Account:** (Payment within 30 days by check, cash, M.O., debit/credit card or online with debit/credit card)

Social Security # \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_

**Credit Card Account:** (Payment by debit or credit card on file with us, following services. View account info online)

Credit Card Info  Credit  Debit  Visa  Master Card  Discover  Amex

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Bill my card automatically  I will call to give my card information over the phone

**Online account:** View service dates, invoices & more. Make online payments with approved Charge Account.

Sign me up for an Online Account. Provide email address below for notification when activated.

I also want to help the environment and DO NOT want to receive paper statements.

I would like to receive invoices by email. Email address \_\_\_\_\_

I agree to pay invoices as rendered, 2% finance charges (\$1 minimum) per month on any unpaid balances over 30 days and if applicable, collection fees and/or all other costs of collection.

\_\_\_\_\_  
Applicant Signature (only the applicant can make changes to this account)

*Thank you for choosing Border Pest Control, Inc.*

**FOR SERVICE TECHNICIANS USE**

Frequency \_\_\_\_\_ Service \_\_\_\_\_ Price \_\_\_\_\_ Tax included  Add tax

Place after \_\_\_\_\_

Comments \_\_\_\_\_

Directions \_\_\_\_\_

Other information \_\_\_\_\_

**FOR OFFICE USE ONLY**

ACCT# \_\_\_\_\_ REC'D DATE \_\_\_\_\_

Missing information needed \_\_\_\_\_

APPROVED DATE \_\_\_\_\_