

Date 07/04/2024

N/R

Order Cum Contract No. 4130



To,

HI- SOLUTION PEST SERVICES

E-2, 41/7, Behind Shweta Vidya Mandir School
 New Rajendra Nagar, Raipur- 492006 (C.G.)
 Tel. : 97555-13539, 0771-4013539
 E-mail : hisolution.pestcontrol@gmail.com
 website : www.hisolutionpcs.com

From,

Name :

DCDC Health Services

Address : (For Billing) PVT. LTD.

CIVIL HOSPITAL, KHARSIYA HOSPITAL
 ROAD, KHARSIYA, DIST. RAIPUR,
 CHHATTISGARH

Pin Code :

Mob. No. 9131223556

Tel (Resi) _____

(Off) _____

Email : _____

with reference to the discussion with your representative, we are pleased to place our order-cum-contract for pest management services

A) TYPE OF SERVICES :

TERM

FREQUENCY OF SERVICE

TYPE OF SERVICE	TERM	FREQUENCY OF SERVICE
1. Household Service (Cockroaches, Ants, Spiders etc.)	✓ ONE TIME	ONE TIME
2. Anti Termite Treatment	X	
3. Rodent Control Service (Rats)	X	
4. Bed Bug Treatment	X	
5. Lizard Control	X	
6. Others	X	

B) PREMISES TO BE RELATED :

RESIDENCE	X	Address	A ABOVE
OFFICE	X		
SHOP	X	Tel. No.	MR. VIJAY
GODOWN	X	Contact Person	9131223556
OTHERS (HOSPITAL)	✓		

C) AREA OF PREMISES TO BE TREATED :

BASEMENT	GROUND FLOOR	FLOOR	FLOOR	FLOOR
X (Sq.ft.)	1 ROOM (Sq.ft.)	X	X	X

D) TERMS OF PAYMENT

AFTER 1ST TREATMENT

E) CONTRACT PERIOD

07/04/2024

To 07/04/2024

F) BILLING INSTRUCTIONS

AFTER 1ST TREATMENT

G) SERVICE CHARGES : We hereby agree to pay your charges of Rs.

2200/- + TAX @ 18% = 2596/-

(Rupees)

TWO THOUSAND FIVE HUNDRED NINETY SIX ONLY

Only for this Contract.

Said premises shall be treated against pest as specified herein on defined frequency. this contract will be valid only after realization of payment.

For, HI- SOLUTION PEST SERVICES

Name & Designation



Customer's Signature & Date