

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Date: _____
Invoice #: _____

BILL TO:

[Customer Name]
[Service Address]
[Phone / Email]

SERVICE DETAILS:

Ant Species: _____
Infestation Level: _____
Warranty Period: _____

Description of Service / Treatment	Qty/Hrs	Rate	Total
Initial Inspection & Identification			
Exterior Perimeter Barrier Application			
Interior Baiting & Spot Treatment			

Description of Service / Treatment	Qty/Hrs	Rate	Total
Wall Void Injection / Dusting			
Follow-up Visit			
Subtotal: \$ _____			
Tax: \$ _____			
Total Due: \$ _____			
Notes / Recommendations:			
Payment is due within [Number] days. Thank you for choosing [Company Name] for your pest control needs.			