

INVOICE

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

Invoice #: _____
Date: _____

CLIENT INFORMATION:

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

SERVICE DETAILS:

Service Date: _____
Technician: _____

Description of Treatment	Rooms/Area	Rate	Amount
Initial Inspection / Assessment			
Heat Treatment (Thermal Remediation)			
Chemical / Residual Spray Application			
Steam / Vacuum Treatment			
Follow-up Visit / Warranty Service			

Notes / Findings:

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Payment Terms: Due upon receipt. We accept Cash, Check, or Credit Card.

Warranty: [] Days warranty included from date of final treatment.

Thank you for choosing [Company Name] for your pest control needs.