

# PEST CONTROL SERVICES

123 Business Way  
City, State, Zip  
Phone: (555) 000-0000  
License: #000000

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Account #: \_\_\_\_\_

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### BILL TO

Client Name:  
Address:  
Contact Name:  
Email:

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### SERVICE LOCATION

Property Name:  
Address:  
Target Pests:  
Service Frequency:

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### SERVICE DETAILS

Description of Service / Chemicals Used	EPA Reg #	Qty	Rate	Amount

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### TECHNICIAN NOTES

Findings:

Recommendations:

Interior  Exterior  Traps Set  Bait Stations Filled

Subtotal:\$0.00

Tax:\$0.00

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**Total Due:\$0.00**

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Technician Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_

**Terms:** Payment is due within 30 days. Late fees may apply. Thank you for your business!