

PEST CONTROL SOLUTIONS

123 Exterminator Way
City, State, Zip
Phone: (555) 012-3456
Email: contact@pestcontrol.com

INVOICE

Date: _____
Invoice #: _____
License #: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/Zip: _____
Phone: _____

SERVICE LOCATION (IF DIFFERENT)

Address: _____
Property Type: Res Comm
Technician: _____
Next Service: _____

TARGET PESTS & SERVICE TYPE

Ants
Rodents
Termites
Cockroaches
Spiders
Bed Bugs
Mosquitoes
Wildlife

Description of Service / Chemicals Used	EPA Reg #	Qty/Area	Amount
---	-----------	----------	--------

Description of Service / Chemicals Used

EPA Reg #

Qty/Area

Amount

METHOD OF APPLICATION

Crack & Crevice Spot Treatment Perimeter Barrier
 Bait Station Fogging/Misting Trapping

WEATHER CONDITIONS

Temp: _____ Wind: _____ Humidity: _____

Subtotal:\$ _____

Tax:\$ _____

Total:\$ _____

TECHNICIAN OBSERVATIONS & CLIENT INSTRUCTIONS

Terms: Payment due within 30 days. Warranty covers specified areas only.

Customer Signature: _____ Technician Signature: _____