

GREENGUARD

Eco-Friendly Pest Solutions

INVOICE

Date: _____

SERVICE PROVIDER

123 Nature Way
Green City, ST 12345
Phone: (555) 010-9988
Email: billing@greenguard.com

BILL TO

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

Service Description (Botanical/Organic Methods)	Qty/Hours	Rate	Amount
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Subtotal \$ _____

Tax \$ _____

Total Due \$ _____

? All treatments performed using EPA-exempt botanical oils and sustainable exclusion methods. Safe for pets and pollinators.

Thank you for choosing a sustainable future.

Payment Terms: Due within 15 days of service.