

INVOICE

Pest Control Co.
123 Safety Way
City, State, Zip
Phone: (555) 000-0000

PRIORITY: EMERGENCY

Invoice #: _____
Date: _____

BILL TO:

SERVICE LOCATION:

Property Type: _____

Service Description (Target Pest)	Qty/Units	Rate	Amount
Emergency Call-Out Fee			
Inspection & Identification			
Treatment/Application: _____			
Follow-up Visit Scheduled			

Service Description (Target Pest)	Qty/Units	Rate	Amount

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes:

Technician Signature: _____ **Date:** _____

Customer Signature: _____ **Date:** _____

Payment is due upon completion of emergency services.