

IPM SERVICE INVOICE

Company Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

CLIENT / BILLING ADDRESS:

SERVICE LOCATION (if different):

TARGET PESTS:

Ants Roaches Rodents
Termites Bed Bugs Other: _____

SERVICE TYPE:

Inspection Routine Maintenance
Remediation Emergency

Description of Service / Materials Used (EPA #)	Qty/Area	Unit Price	Total

FINDINGS & NON-CHEMICAL RECOMMENDATIONS (Sanitation/Exclusion):

Subtotal	\$
Tax	\$
Total Due	\$

TECHNICIAN SIGNATURE:

CUSTOMER ACKNOWLEDGEMENT:

Terms: Payment is due within ___ days. Thank you for your business!