

[PEST CONTROL COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone/Email]

SERVICE DETAILS

Technician: _____
Target Pests: _____
Service Type: One-time Quarterly

Description of Service / Treatment	Qty/Area	Rate	Amount
Initial Inspection & Treatment Application Interior/Exterior Perimeter			
Specialty Treatment (Termite/Bed Bug/Rodent)			
Additional Materials/Bait Stations			

Description of Service / Treatment

Qty/Area

Rate

Amount

Notes:

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

TERMS & CONDITIONS

Please make checks payable to [Company Name]. Standard warranty applies to services listed above for [X] days. This is a non-refundable service invoice.

Customer Signature: _____ Tech Signature: _____