

PEST CONTROL SERVICE

123 Business Way, City, State, Zip
Phone: (555) 000-0000 | Email: info@pestcontrol.com

INVOICE

BILL TO:

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

Invoice #: _____
Date: _____
Technician: _____
License #: _____

TARGET PESTS:

Ants Roaches Rodents Spiders Termites Other: _____

Description of Services / Chemicals Used	Quantity	Unit Price	Total
Initial / Recurring Maintenance Visit			
Exterior Perimeter Treatment			
Interior Spot Treatment			
Additional Materials/Traps			

Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Notes / Recommendations:

Customer Signature: _____

Date: _____

Thank you for your business! Payment is due within 15 days.