

# STRUCTURAL PEST CONTROL

123 Service Lane, City, State, Zip  
Phone: (555) 000-0000  
License No: #####

## INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

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**BILL TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICE LOCATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target Pest	Description of Service / Areas Treated	Chemicals/EPA #	Amount

**Service Type:**

One-Time  Monthly  Quarterly  Termite  Inspection only

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Due: \$ \_\_\_\_\_**

Technician Signature: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

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**Notice:** All pesticides are registered by the EPA and applied according to label instructions. Please follow all re-entry precautions as advised by the technician.