

# SERVICE INVOICE

**Termite Solutions Co.**  
123 Pest Control Way  
City, State, ZIP

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Service Date:** \_\_\_\_\_

**BILL TO**

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

**SERVICE ADDRESS**

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

Description of Service / Method	Qty / Area	Rate	Amount
Initial Inspection & Assessment			
Soil Treatment (Liquid Barrier)			
Bait Station Installation			
Wood Injection / Localized Treatment			

**Description of Service / Method**

**Qty / Area**

**Rate**

**Amount**

Annual Protection Plan / Warranty

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

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

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

Chemicals Used: \_\_\_\_\_

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

Terms: Payment is due within 15 days. Warranty is subject to the terms of the signed service agreement.