PEST CONTROL SERVICES

123 Bug Street, Suite 100
City, State, Zip
Phone: (555) 000-0000
License: #000000

INVOICE

Invoice #: _____
Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/State: _____
Phone: _____

INSPECTION SITE

Address: _____
Structure Type: _____
Inspector: _____

INSPECTION FINDINGS

[ ] Termites [ ] Ants [ ] Rodents [ ] Bed Bugs [ ] Cockroaches [ ] Other: _____

Description of Service / Treatment	Quantity	Unit Price	Total

Subtotal: $_____
Tax: $_____

Grand Total: $_____

INSPECTOR NOTES

Customer Signature: _____
Date: _____

Thank you for your business. Payment is due upon receipt.