

INVOICE

Bi-Monthly Pest Control Service

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

BILL TO:

[Customer Name]

[Service Address]

[City, State, Zip]

[Account Number]

Invoice #: [0000]

Invoice Date: [Date]

Billing Period: [Month/Year] - [Month/Year]

Due Date: [Date]

Service Date	Description of Services	Quantity	Rate	Total
[Date]	Bi-Monthly Exterior Perimeter Protection & Inspection	1	\$0.00	\$0.00
[Date]	Interior Target Treatment (if applicable)	1	\$0.00	\$0.00
	[Additional Item/Service]		\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Technician Notes:

[General observations or chemicals used during visit]

Please make checks payable to: **[Company Name]**

Thank you for your business!