

# INVOICE

Recurring Service Plan

**[Company Name]**

[Street Address]

[City, State, Zip]

[Phone Number]

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**BILL TO:**

[Client Business Name]

[Contact Name]

[Billing Address]

[Email Address]

**Invoice #:** [000000]

**Date:** [MM/DD/YYYY]

**Due Date:** [MM/DD/YYYY]

**Billing Cycle:** [Monthly/Quarterly]

Service Description	Target Pests	Frequency	Amount
Commercial Integrated Pest Management (IPM)	General Crawling Insects	[Cycle]	\$0.00
Rodent Station Monitoring & Refill	Rats / Mice	[Cycle]	\$0.00
Exterior Perimeter Barrier Treatment	Seasonal Pests	[Cycle]	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Total Amount Due: \$0.00**

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**Service Location:** [Site Address / Facility Name]

**Notes:** Chemicals used are registered with the EPA. MSDS sheets available upon request.

**Terms:** Payment is due within [X] days. This is a recurring billing under contract #[Number].