

PEST CONTROL INVOICE

[Business Name]
[Address Line 1]
[Phone Number] | [Email]

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]

SERVICE DETAILS:

Service Month: _____

Technician: _____

Next Service: _____

Description of Services (Interior/Exterior/Target Pests)	Qty	Unit Price	Total
Monthly Preventative Maintenance Plan	1	\$	\$
Additional Targeted Treatment: _____		\$	\$

Subtotal: \$ _____

Tax: \$ _____

Amount Due: \$ _____

TECHNICIAN NOTES & OBSERVATIONS:

Payment Terms: Net 30 days. Please make checks payable to [Business Name].