

# SERVICE INVOICE

[Pest Control Company Name]  
[Phone Number] | [Email Address]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

**BILL TO:**

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

**SERVICE DETAILS:**

**Service Frequency:** Monthly

**Technician:** \_\_\_\_\_

Description of Services / Areas Treated	Target Pests	Amount
<input type="checkbox"/> Interior Perimeter Spray <input type="checkbox"/> Exterior Perimeter Shield <input type="checkbox"/> Attic/Crawlspace Inspection <input type="checkbox"/> Bait Station Maintenance <input type="checkbox"/> Web Removal	<input type="checkbox"/> Ants <input type="checkbox"/> Roaches <input type="checkbox"/> Rodents <input type="checkbox"/> Spiders <input type="checkbox"/> Other: _____	\$

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

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

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

**TECHNICIAN NOTES & CHEMICALS USED:**

Thank you for your business! Payment is due within 15 days of service.