

INVOICE

[Company Name]

[Phone / Email]

Invoice #: _____

Date: _____

Billing Period: _____

BILL TO:

[Client Name]

[Service Address]

[City, State, Zip]

SERVICE DETAILS:

Frequency: [Monthly/Quarterly]

Next Visit: _____

Description of Service	Qty	Rate	Amount
Scheduled Retainer Service: [Month/Year]	1	\$0.00	\$0.00
Additional Call-out / Emergency Visit	-	\$0.00	\$0.00
Materials / Bait Stations (Non-inclusive)	-	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

NOTES & PAYMENT TERMS:

Payment is due within [X] days. Please make checks payable to [Company Name].

Target Pests Covered: Ants, Roaches, Spiders, Rodents.