

**[COMPANY NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number]

**INVOICE**

Invoice #: [0000]  
Date: [Date]  
Due Date: [Date]

**BILL TO:**

[Customer Name]  
[Service Address]  
[City, State, Zip]  
[Email/Phone]

**SUBSCRIPTION PLAN:**

[Plan Name: e.g., Quarterly Shield]  
Billing Cycle: [Monthly/Quarterly]  
Service Period: [Start Date] to [End Date]

Description of Service	Frequency	Amount
[Subscription Service Name - Residential/Commercial Coverage]	[Frequency]	\$0.00
[Additional Treatment/Add-on]	[One-time]	\$0.00

Subtotal: \$0.00  
Tax: \$0.00

---

**Total Due: \$0.00**

---

**Payment Terms:** Please pay by the due date to ensure uninterrupted service. Auto-pay customers will be charged on [Date].

**Note:** Subscription covers [Common Pests Included]. Emergency call-outs are [included/subject to additional fees].

Thank you for your business!