

MOSQUITO SHIELD SERVICES

123 Nature Way, Suite 100
Eco-City, ST 12345
Phone: (555) 010-9988

INVOICE

Date: [Date]

Invoice #: [0000]

QUARTERLY BILLING

BILL TO:

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

SERVICE PERIOD:

Quarter: [Q1 / Q2 / Q3 / Q4]
Year: [20XX]

Service Description	Date(s)	Frequency	Amount
Residential Perimeter Spray & Larvicide Treatment	[Dates]	Monthly	[\$[0.00]]
Standing Water Inspection & Treatment	[Dates]	Included	[\$[0.00]]
Seasonal Property Protection Surcharge	-	Quarterly	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

TOTAL DUE: \$[0.00]

Notes: Please remit payment within 15 days of receipt. Make all checks payable to "Mosquito Shield Services". Thank you for keeping your community pest-free!