

# INVOICE

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

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

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## BILL TO:

[Customer Name]  
[Service Address]  
[Email/Phone]

## SUBSCRIPTION DETAILS:

Frequency: Quarterly (4x/year)  
Service Period: \_\_\_\_\_ to \_\_\_\_\_  
Plan Type: [Plan Name]

Description of Service	Qty	Unit Price	Total
Quarterly Pest Control Maintenance (Interior/Exterior)	1	\$	\$
[Additional Service/Add-on]		\$	\$

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

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**Total Amount: \$ \_\_\_\_\_**

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**Payment Terms:** Please make checks payable to [Business Name] or pay via [Payment Portal Link].

**Notes:** Next scheduled service visit is approximately \_\_\_\_\_.