

SERVICE INVOICE

[Pest Control Company Name]

[License Number]

[Phone / Email]

Invoice #: _____

Date: _____

Bill To:

[Customer Name]

[Service Address]

[Phone Number]

Service Frequency:

Monthly

Quarterly

Bi-Annual

Description of Service	Target Area	Price
Ant Treatment (Interior/Exterior Perimeter)	_____	\$ _____
Bait Station Maintenance & Refill	_____	\$ _____
Additional Targeted Application	_____	\$ _____

Amount Due: \$ _____

Service Findings & Chemicals Used:

Activity Level: None Low High

Products Applied: _____

Notes:
