

PEST CONTROL SOLUTIONS

123 Service Lane, City, ST 12345

Phone: (555) 010-9999

Email: info@pestcontrol.com

INVOICE

Invoice #: _____

Date: _____

Account #: _____

BILL TO

SERVICE LOCATION

Service Description	Frequency	Target Pests	Amount
General Pest Control Maintenance	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Ants <input type="checkbox"/> Spiders <input type="checkbox"/> Roaches <input type="checkbox"/> Rodents <input type="checkbox"/> Other: _____	\$
Subtotal			\$
Tax			\$
TOTAL DUE			\$

SERVICE SUMMARY & TECHNICIAN NOTES

Method of Treatment / Areas Treated / Chemicals Used / Observations:

TECHNICIAN SIGNATURE

CUSTOMER SIGNATURE

Thank you for your continued business. Please make checks payable to "Pest Control Solutions".
Payment is due within 15 days of service.