

# INVOICE

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

INVOICE # [0000]  
DATE: [Date]  
FREQUENCY: [Monthly/Quarterly/Annual]

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**BILL TO:**

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

**SERVICE LOCATION:**

[Property Address]  
[Specific Structures Covered]

Service Description	Service Date	Amount
Termite Inspection & Perimeter Monitoring	[Date]	\$0.00
Bait Station Maintenance / Liquid Barrier Top-off	[Date]	\$0.00
Recurring Service Plan Premium	-	\$0.00

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Subtotal: \$0.00

Tax: \$0.00

**Total Amount Due: \$0.00**

**INSPECTION FINDINGS:**

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**Next Scheduled Inspection:** [Date]

Terms: Payment due within [Number] days. Thank you for protecting your property with us.

*Licence Number: [State License #]*