

WASP & HORNET CONTROL

[Company Address]

[City, State, Zip]

[Phone Number]

Invoice #: _____

Date: _____

Bill To:

Service Frequency:

Monthly

Quarterly

Bi-Annual

Service Description	Target Pests	Qty	Rate	Amount
Exterior Perimeter Spraying	Wasps/Hornets	_____	\$_____	\$_____
Eave/Overhang Inspection & De-webbing	Mud Daubers/Paper Wasps	_____	\$_____	\$_____
Nest Removal & Prevention Treatment	Yellow Jackets/Hornets	_____	\$_____	\$_____
Recurring Maintenance Discount	N/A	_____	\$_____	(\$_____)

Total Due: \$ _____

Service Notes:

Technician: _____ | Next Service Date: _____

Notice: Maintenance treatments are designed to prevent nesting. If active nests appear between scheduled visits, please contact us for a priority touch-up.