

INVOICE

[Exterminator Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

INVOICE #

[00000]

DATE

[Month Day, Year]

BILL TO:

[Customer Name]

[Service Address]

[City, State, Zip]

[Customer Phone]

SERVICE PERIOD:

[Start Date] to [End Date]

| Service Description | Date | Amount |
|--|--------|--------|
| Monthly Residential Pest Control Maintenance | [Date] | \$0.00 |
| Additional Treatment: [Specify] | [Date] | \$0.00 |
| Materials / Bait Stations | - | \$0.00 |

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Notes: [Insert technician findings or chemical usage logs here]

Payment Terms: Due within [X] days. Please make checks payable to [Company Name].