

INVOICE

Scheduled Rodent Control Service

Invoice #: _____

Date: _____

SERVICE PROVIDER

Company Name: _____

License #: _____

Phone: _____

BILL TO

Client Name: _____

Service Address: _____

City/State/Zip: _____

Service Description	Frequency	Unit Price	Amount
Exterior Perimeter Bait Station Maintenance	_____	_____	_____
Interior Exclusion Point Inspection	_____	_____	_____
Trap Reset & Sanitization	_____	_____	_____

Service Description	Frequency	Unit Price	Amount
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Other: _____

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

TECHNICIAN FINDINGS & RECOMMENDATIONS

Activity Level Found: [] Low [] Moderate [] High
Notes:

Terms: Payment due within ___ days. Thank you for your business.

Customer Signature: _____ Technician Signature: _____