ESTIMATE / INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Date: ___________
No: #___________

CLIENT DETAILS:

Name:

Address:

Phone:

PROPERTY NOTES:

Type: [ ] Residential [ ] Commercial

Estimated Rooms:

Infestation Level: [ ] Low [ ] Med [ ] High

Description of Treatment / Materials	Quantity	Unit Price	Total
Initial Inspection / Assessment			
Chemical Spray Treatment			

Description of Treatment / Materials	Quantity	Unit Price	Total
Heat Treatment (Whole Structure/Room)			
Steam / Cryonite Treatment			
Mattress / Box Spring Encasements			
Follow-up Visit / Warranty Service			

Subtotal: $__________
Sales Tax: $__________

Grand Total: $__________

Terms & Conditions:
1. Client must complete the pre-treatment checklist prior to technician arrival.
2. Estimates are valid for 30 days. Warranty is only valid if all rooms are treated.
3. Payment is due upon completion of initial service.

Technician Signature

Client Signature