

EXTERMINATOR SERVICES

123 Pest Control Lane
City, State, ZIP
Phone: (555) 000-0000

ESTIMATE

Estimate #: _____

Date: _____

Valid Until: _____

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____

TARGET PESTS

Rodents Ants Termites

Bed Bugs Roaches Other

Description of Service / Treatment Areas	Qty	Unit Price	Total
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Initial Inspection & Assessment

Description of Service / Treatment Areas

Qty

Unit Price

Total

Treatment Application
(Interior/Exterior)

Exclusion / Sealing Services

Follow-up Visit Schedule

Subtotal: \$ _____

Tax: \$ _____

Total Estimate: \$ _____

Terms & Conditions: This estimate is based on the visible extent of the infestation at the time of inspection. Final costs may vary if additional nesting or structural damage is discovered during treatment. Warranties on specific pests apply only if full recommended cycles are completed.

Authorized Signature: _____