

INVOICE

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

INVOICE #	DATE	DUE DATE
_____	_____	_____
SERVICE ADDRESS	BUSINESS LIC. # / TECHNICIAN LIC. #	PLAN / PERIOD
_____	_____	_____
TECHNICIAN		

DESCRIPTION	QTY × RATE	AMOUNT
Service: type, target pests, areas treated		
Plan visit: plan name, period, date		
Products applied: name, EPA reg. #, rate / amount		
Bait stations / traps (count × price)		
Re-treat under warranty (no charge)		
Exclusion or repair work		

NOTES & PAYMENT TERMS
Due on receipt; plan fees billed per visit. Re-treatments between scheduled visits are at no charge for covered pests. Keep this invoice as your service record: products, EPA registration numbers and areas treated are listed above. Pets and children should stay off treated surfaces until dry.

Subtotal _____

Tax _____

TOTAL DUE _____