



Pest Control Invoice

Company Name _____
Address _____
City, State Zip Code _____
Phone Number _____
Web Site Address _____

PEST CONTROL INVOICE

Invoice Date	Invoice #	Terms	Service Date	Start Time	Finish Time	Warranty

BILL TO: Name _____ Address _____ City, State Zip Code _____ Phone Number _____ Web Site Address _____	SERVICE LOCATION: Address: _____ Phone Number: _____
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Quantity	Service Description	Price / Unit	Amount

Target	Treatment Area	Products Used	Unit /Amount

Technician's Name: _____
License #: _____

Subtotal	
Tax	
Total Invoice	
Amount Paid	
Amount Due	

Customer's Signature: _____

Thank You For Your Business & The Opportunity To Serve You!