

Pest Control Invoice

Bill To:

Name:	
Address:	
City, State, ZIP Code:	
Phone Number:	
Email Address:	

Invoice Number	Date of Issue
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License Number:	
Customer Account Number:	

Service Details

Service Description	Quantity	Unit Price	Total
Initial Inspection			
Treatment of			
Follow-Up Inspection			
Additional Services			

Payment Details

Payment Method:

- Cash
- Credit Card
- Check
- Other

Payment Due By:

Subtotal:

Discounts:

Tax (if applicable):

Total Amount Due:

Terms and Conditions

- Payment is due within _____ days of invoice date.
- Late payments may incur additional charges.
- Please notify us of any issues with the service within _____ days.
- All treatments are conducted in accordance with local health and safety regulations.

Thank you for choosing _____ !

For any questions or concerns, please contact us at

_____ or _____.

Authorization

Customer Signature:	
Date:	

Notes

Guarantee:

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Follow-Up:

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Customer Instructions:

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Technician Signature:	
Date:	