PEST CONTROL INVOICE

PEST CONTROL COMPANY

Business name _____

Address _____

Phone / email _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Service date _____

BILL TO (CUSTOMER)

Customer name _____ Phone / email _____

Address _____

PROPERTY AND TREATMENT RECORD

Property _____

Target pests _____ Next plan visit _____

Areas treated _____

Products applied _____

Technician _____

SERVICES

Item	Details	Qty	Unit	Rate	Amount

Services subtotal

RECURRING PLAN

Item	Details	Qty	Unit	Rate	Amount

Plan subtotal

MATERIALS

Item	Details	Qty	Unit	Rate	Amount

Materials subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax, if applicable (_____%)

Amount due

SERVICE NOTES

_____

_____

Thank you. Please quote the invoice number with your payment.