

Service Slip / Invoice

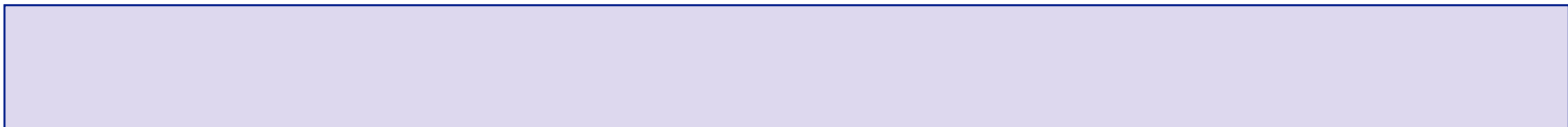


Bill To:

Work Location:

Work Date	Time	Target Pest	Technician	Time In
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Purchase Order	Terms	Last Service	Map Code	Time Out
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Service	Description	Price

Pesticide / Product
1
2
3
4

Location of Treatment: Numbers correspond to line numbers above

_____ Kitchen	_____ Living Room	_____ Dining Room(s)	_____ Bed Room(s)
_____ Attic	_____ Shed(s)	_____ Garage(s)	_____ Crawlspace(s)
_____ Office(s)	_____ Lawn Area	_____ Dumpster Area	_____ Basement(s)
_____ Bar(s)	_____ Store Room	_____ Rodent Burrow	_____ Rodent Pathway
_____ Bathroom(s)	_____ Other	_____ Family Room/Den	_____ Laundry/Utility

Site of Treatment: Numbers correspond to line numbers above

_____ Baseboards	_____ Cabinets	_____ Carpeting	_____ Furniture
_____ Sill Area	_____ Eaves	_____ Wall Voids	_____ Other
_____ Outside	_____ Outside	_____ Other	_____ Under and Behind
_____ Perimeter	_____ Beddings	_____	_____ Kitchen Equipment

Method of Treatment: Numbers correspond to line numbers above

_____ Spot Treatment	_____ ULV Machine	_____ Broadcast	_____ Fan Spray
_____ Space Spray	_____ C & C Aerosol	_____ Duster	_____ Air Sprayer
_____ Fumigation	_____ Granulate	_____ Rat Station	_____ Mouse Station
_____ Actisol Machine	_____ Drill & Treat Voids	_____ Slab Injector	_____ Total Release Aerosol
_____ Other	_____	_____ Other	_____

Balances outstanding over 30 days from the date of service may be subject to a late fee of the lesser of 1.5% per month (18% per year) or the maximum allowed by law. Customer agrees to pay accrued expenses in the event of collection.

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

X _____
CUSTOMER SIGNATURE

PLEASE PAY FROM THIS INVOICE

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