Service Slip/Invoice

Bill To:

Work Location:

Work Date	Time	Target Pest	Technician		Time In

Purchase Order	Terms	Last Service	Map Code		Time Out

Service	Description	Price

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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