

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 |
|---------|-------------|-------|
| | | |
| | | |
| | | |
| | | |

| Pesticide / Product | % | UOM | Amount | Pesticide / Product | % | UOM | Amount |
|---------------------|---|-----|--------|---------------------|---|-----|--------|
| 1 | | | | 5 | | | |
| 2 | | | | 6 | | | |
| 3 | | | | 7 | | | |
| 4 | | | | 8 | | | |

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 | _____ |

* Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.
Customer agrees to pay accrued expences 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.

PLEASE PAY FROM THIS INVOICE

X _____
CUSTOMER SIGNATURE

2PTCHEM-R
WORKWAVE 800-762-0301

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