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/Utillty

Site of Treatment: Numbers correspond to line numbers above

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