Service Slip / Invoice

PRINTED WITH SOY INK™

Bill To:

Work Location:

Work Date	Time	Target Pest	Technician		Time In

Purchase Order	Terms	Last Service	Map Code		Time Out

Service	Description	Price

* 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

2PTPSS-R

WORKWAVE 800-762-0301

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