

# Service Slip / Invoice

Bill To:

Work Location:

WORKWAVE 800-762-0301

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Work Date	Time	Target Pest	Technician	Time in
Purchase Order	Terms	Last Service	Map Code	Time Out

Service	Description	Price

Pesticide / Product	%	UOM	Amount
1			
2			
3			
4			

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

X \_\_\_\_\_  
CUSTOMER SIGNATURE

**PLEASE PAY FROM THIS INVOICE**

2PTSHORT-R