

SERVICE SLIP / INVOICE

SERVICE ADDRESS

BILLING ADDRESS:

P. O. NUMBER	LOCATION	
DATE & TIME	ROUTE / GRID	
TECH. / NO.	LAST SERV. DATE	
TIME IN	TIME OUT	
TARGET PEST		

SPECIAL COMMENTS:

SERVICE TYPE	AMOUNT
PREVIOUS BALANCE	
TOTAL DUE	

PESTICIDES / PRODUCTS	%	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

TOTAL PAID	<input type="checkbox"/> CASH	<input type="checkbox"/> CK #	
ACCEPTED BY	<input type="checkbox"/> BILL	TERMS:	DATE

COMMENTS

GENERAL INSPECTION & REPORT OF FINDINGS / TREATMENT

CONDITIONS FAVORING PEST INFESTATION	YES	NO		YES	NO
DOORS/WINDOWS INADEQUATELY SEALED			PIPE/CONDUIT INADEQUATELY SEALED		
FOOD PRODUCTS STORED/FOUND ON FLOOR			TRASH/DEBRIS FAVORING PEST HARBORAGE		
WATER LEAKS OR EXCESSIVE MOISTURE			POOR VENTILATION		
WOOD TO EARTH CONTACT			TREES & SHRUBS TOO CLOSE TO STRUCTURE		
CLOGGED RAIN GUTTERS			WATER POOLING NEAR STRUCTURE		

_____ AREA INACCESSIBLE FOR SOUNDING AND NOT OPEN TO VIEW. THEREFORE, NO JUDGEMENT AS TO PRESENCE OR ABSENCE OF INFESTATION.

AREAS OF TREATMENT: NUMBERS CORRESPOND TO LINE NUMBERS OF PESTICIDES / PRODUCTS ABOVE.

_____ KITCHEN	_____ BATHROOMS	_____ BEDROOMS	_____ LIVING ROOM
_____ DINING ROOM	_____ UTILITY ROOMS	_____ BASEMENT	_____ CRAWL SPACE
_____ ATTIC	_____ WALL VOIDS	_____ STORAGE AREA	_____ OUTSIDE FOUNDATION
_____ DUMPSTER	_____ GARAGE	_____ CARPETS	_____ FOOD PREPARATION AREAS
_____ RODENT BURROW	_____ RODENT PATHWAYS	_____ NESTING SITES	_____ EAVES
_____ ALL TREES & SHRUBS	_____ LAWN APPLICATION	_____ EARTH FILL ADJOINING FOOTINGS/FOUNDATION	_____ SILL PLATES, FLOOR JOISTS ANY EXPOSED WOOD VERTICAL TO SOIL

METHOD OF APPLICATION: NUMBERS CORRESPOND TO LINE NUMBERS OF PESTICIDES / PRODUCTS ABOVE.

_____ CRACKS/CREVICES	_____ TRENCH & RODDING	_____ SURFACE APPLICATION	_____ VOID APPLICATION
_____ SPACE TREATMENT	_____ SUB SLAB INJECTION	_____ EXTERIOR	_____ IMPLANTS
_____ BAIT PLACEMENT	_____ OTHER _____		

EQUIPMENT USED: NUMBERS CORRESPOND TO LINE NUMBERS OF PESTICIDES / PRODUCTS ABOVE.

_____ AIR SPRAYER	_____ AEROSOL	_____ DUSTER	_____ ULV MACHINE
_____ BAIT STATIONS	_____ ACTISOL MACHINE	_____ BAIT GUN	_____ GAS PUMP ROD/SLAB INJECTOR
_____ HYDRO SPRAY PUMP	_____ OTHER _____	_____ SPREADER	_____ COMPRESSED AIR SPRAYER

PLEASE PAY FROM THIS INVOICE