ESTIMATE

Estimate no.

Date

Valid until

FROM

Business name

Address

Phone / email

PREPARED FOR

Customer name

Address

Phone / email

Job address

Planned start date

SCOPE OF WORK

Identify the assessed pest, treatment areas, visit schedule and customer preparation instructions.

Description	Unit	Qty	Rate	Amount
Initial Treatment (Interior	each			
Termite Inspection	each			
Rodent Inspection	each			
Bed Bug Treatment (room	each			
Bi-Monthly Service	visit			

NOT INCLUDED

State whether exclusion repairs, repeat visits and additional treatment areas are included.

Subtotal

Tax rate (%)

Tax

Total

Deposit to book (if any)

CUSTOMER APPROVAL

I accept this estimate and the scope of work above.

Signature

Printed name

Date