INVOICE

Invoice no.

Invoice date

Due date

FROM

Business name

Address

Phone / email

BILL TO

Customer name

Address

Phone / email

Service address

Date(s) of service

WORK COMPLETED

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			

HOW TO PAY

Who to make a check out to, bank transfer details or a pay link, and any late fee.

NOTES

Subtotal	
Tax rate (%)	
Tax	
Total	
Amount paid	
Balance due	