PEST CONTROL INVOICE

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From (Your Business)

Name: _____

Address: _____

Phone: _____

Email: _____

Bill To (Client)

Name: _____

Address: _____

Phone: _____

Email: _____

Invoice #: _____

Invoice Date: _____

Due Date: _____

Payment Terms: Net 30

Description	Qty	Rate	Amount
e.g. Initial inspection	*1*	*$95.00*	
e.g. General pest treatment, interior and exterior	*1*	*$165.00*	
e.g. Products applied (see service record)	*1*	*$40.00*	

Subtotal _____

Tax (%) _____

TOTAL _____

Notes / Payment Instructions

Tip: List the target pest, product name, EPA registration number and area treated. Many states require it on the service record.

Prefer auto-calculated totals? Create this invoice free online at www.invoicepenguin.com — no sign-up required.