YOUR BUSINESS NAME

INVOICE

INVOICE #

INVOICE DATE

DUE DATE

BILL TO

JOB ADDRESS

DESCRIPTION	QTY	RATE	AMOUNT
Initial interior and exterior treatment			
Quarterly service, per visit			
Termite inspection and report			
Rodent exclusion and bait stations			
Materials and licensed applicator			

Subtotal	
Discount	
Tax	
Total	
Deposit paid	
Balance due	

NOTES AND TERMS