INVOICE

Invoice #: _____

Date: _____

Due date: _____

FROM

Business name
_____

Your name
_____

Street address
_____

City, Province/State Postal/ZIP
_____

Phone
_____

Email
_____

Business number / tax ID
_____

BILL TO

Client name
_____

Company (if any)
_____

Service address
_____

Billing address (if different)
_____

Phone
_____

Email
_____

Description of work	Qty	Rate	Amount
Quarterly perimeter treatment	1		
Interior treatment — kitchen and basement	1		
Rodent bait stations — service and refill			
Follow-up visit (30 days)			

Subtotal	
Tax	
Total due	

PAYMENT TERMS AND NOTES

Payment method / details: _____

Terms (for example, payment due within 14 days): _____

Notes: _____

Record the product used and the areas treated on the invoice or the attached service report where your licence requires it.