INVOICE

Recurring plan visit

Invoice no. _____

Invoice date _____

Service date _____

FROM

Business name

Address

Phone / email

BILL TO

Customer name (the payer)

Billing address

Contact / email

PLAN NAME

BILLING CYCLE

VISIT DATE

VISIT ____ OF ____

APPLICATOR / BUSINESS LICENSE NO.

SERVICE ADDRESS TREATED

TREATMENT / SERVICE	PEST OR PROBLEM TARGETED	AREAS TREATED	QTY	AMOUNT

Subtotal _____

Tax (enter amount) _____

Total due _____

PRODUCTS APPLIED — PRODUCT AND CONCENTRATION, AS RECORDED IN SERVICE LOG

NOTES / FOLLOW-UP

Technician signature

Date