INVOICE

[Your Business Name]
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

BILL TO

[Client Name]
[Street address]
[City, State ZIP]
[client@email.com]
Service address: [Address]

Invoice number:	PC-2290
Invoice date:	10/27/2026
Due date:	10/27/2026
Terms:	Due on receipt

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
Initial treatment, general pests Interior and exterior	$175.00	1	**$175.00**
Quarterly service plan Per visit, exterior perimeter	$110.00	1	**$110.00**
Rodent exclusion Seal 6 entry points	$240.00	1	**$240.00**
Bait stations, tamper-resistant Installed	$28.00	4	**$112.00**

NOTES/MEMO

Products applied: [product name, EPA reg. no.]. Applicator license no. [number]. Free re-service between visits if pests return.

Subtotal:	$637.00
Amount due:	**$637.00**