

Your Company Name

Address

City, State, Zip

Phone: 256-825-6422

P. O. Box 1654
Alexander City, AL 35011

ANNUAL TERMITE RENEWAL SERVICE

[Empty rectangular area for notes or details]

Contract Period
to

Annual Charge []

To keep your Bonded Termite Contract in force, please pay for the annual charge by :

[]

This is your invoice. Retain original for your files and forward yellow copy with your remittance.

INSPECTOR'S FINDINGS

- No visible evidence of termites found
- Termite activity found - treatment made
- Chemical treatment made (Spot Treatment)
- _____

Inspection Date: []

Inspected by: _____

Accepted by: _____