

SERVICE RECEIPT

Date: _____

Your Company Name

Address

City, State, Zip

Phone

Name: _____

Address: _____

City

State

Zip

Type of Service

Initial

Maintenance

Inside

Outside

Extra

Arrival Time: _____

AM PM

Pesticide(s) used:

Formulation

Concentrate

Amount gm,
oz, gal, lbs

Appl^{*}
G, S, C

Where Applied

Target Pest:

%

%

%

%

%

%

* G= General Treatment; S= Spot Treatment; C= Crack & Crevice Treatment

TECHNICIAN'S REMARKS: _____

Key	Product Name	Common Name	Past Due Balance	\$
1.	Ant-Fix	Boric Acid	Today's Service	\$
2.	Conrac Blox	Bromadiolone	Total Due	\$
3.	EcoPCO ACU	Hexa-Hydroxyl	Amount Paid: _____ P.D. date: _____	\$
4.	Eco Exempt D	Hexa-Hydroxyl	(cash) (check) _____ / _____ / _____	\$
5.	ExciteR	Pyrethrins	Remaining Balance (before billing fee & late fees)	\$
6.	Nylar IGR	ethoxyl pyridine	Customer's Signature: _____	
7.	Orthene Pco II	Acephate	Technician's Signature: _____	
8.	Siege	Hydromethylon		
9.	Suspend SC	Deltathrin		
10.	Tengard	Permethrin		
11.	Viper 25G	Permethrin		