

# Your Company Name

Address

City, State Zip

Phone Number

DATE	TIME	ROUTE NO.	ACCOUNT TYPE	
BILL TO			<input type="checkbox"/> SPECIAL	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDOOR
ADDRESS			<input type="checkbox"/> ONE-TIME	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OUTDOOR
CITY, STATE, ZIP			FREQUENCY	
HOME			<input type="checkbox"/> INITIAL	<input type="checkbox"/> FOLLOW UP <input type="checkbox"/> MONTHLY
WORK			<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS
( )	( )	( )	CELL	

**AREAS TREATED:**

GREEN AREAS  PERIMETER  ATTIC  COMPLETE INSIDE  EAVES  POOL AREA  OTHER

**TARGET INSECTS:**

ANTS  C. ANTS  ROACHES  FLEAS  TICKS  RODENTS  SPIDERS  WASPS  OTHER

**CHEMICALS AND TREATMENTS USED AND RATIO IF NEEDED:**

<input type="checkbox"/> CYANO LIQUID	<input type="checkbox"/> CYFLUTRIN 20WP	<input type="checkbox"/> G. BOARDS	OTHER: _____
<input type="checkbox"/> CYANO POWDER	<input type="checkbox"/> PYRETHRINS - LIQUID	<input type="checkbox"/> FLY BAIT	_____
<input type="checkbox"/> MICRO ENCAP D	<input type="checkbox"/> GEL BAIT	<input type="checkbox"/> DRILLING	_____
<input type="checkbox"/> BRODIFACOUM (RODENTS)	<input type="checkbox"/> GRANULES	<input type="checkbox"/> CAULKING	_____
<input type="checkbox"/> PYRETHRINS - DUST	<input type="checkbox"/> TALSTAR	<input type="checkbox"/> SEALING	_____

REMARKS AND OR SOURCE OF INFESTATION	DESCRIPTION OF SERVICE	AMOUNT

SERVICED BY	<b>Thank You!</b>	SUB-TOTAL	
<input type="checkbox"/> CERTIFIED OPERATOR <input type="checkbox"/> TECHNICIAN		TAX	

CERT#:	CO. LIC.	TOTAL	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	DRIVERS LIC # _____	BALANCE	
<input type="checkbox"/> CREDIT CARD	EXP. DATE _____	AMOUNT PAID	
CARD #		BALANCE DUE	

CUSTOMER SIGNATURE  
**X**

I AM OF FULL AUTHORITY TO ACCEPT AND TO SIGN FOR THE BALANCE DUE (IF ANY) FOR THE SERVICE PROVIDED TO THE ABOVE ADDRESS.

## SERVICE REPORT/INVOICE