

SERVICE	DESCRIPTION	PRICE
	<i>Perf.</i>	
	<i>Extra Perf</i>	

PLEASE REMIT STUB WITH PAYMENT

**SERVICE NOTES**

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**PAYMENT RECORD**

AMOUNT PAID \_\_\_\_\_

CASH     CHECK NO. \_\_\_\_\_

VS     MC     AMEX

CC# \_\_\_\_\_ EXP. \_\_\_\_\_

MATERIAL/PRODUCT	QTY	UOM	%
1			
2			
3			
4			
5			

**CUSTOMER SIGNATURE**

X

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

SERVICE	DESCRIPTION	PRICE

**ACCOUNT INFORMATION**

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I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above. <input checked="" type="checkbox"/>					5
					4
					3
					2
					1
<b>PAYMENT RECORD</b>	<b>AMOUNT PAID</b>	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK NO. _____	<input type="checkbox"/> VS <input type="checkbox"/> MC <input type="checkbox"/> AMEX	CC# _____	<b>CUSTOMER SIGNATURE</b>
					<b>SERVICE NOTES</b>

**Location of Treatment: Numbers correspond to line numbers on reverse side**

_____ Kitchen	_____ Living Room	_____ Dining Room(s)	_____ Bed Room(s)
_____ Attic	_____ Shed(s)	_____ Garage(s)	_____ Crawlspace(s)
_____ Office(s)	_____ Lawn Area	_____ Dumpster Area	_____ Basement(s)
_____ Bar(s)	_____ Store Room	_____ Rodent Burrow	_____ Rodent Pathway
_____ Bathroom(s)	_____ Other	_____ Family Room/Den	_____ Laundry/Utility

**Site of Treatment: Numbers correspond to line numbers on reverse side**

_____ Baseboards	_____ Cabinets	_____ Carpeting	_____ Furniture
_____ Sill Area	_____ Eaves	_____ Wall Voids	_____ Other
_____ Outside	_____ Outside	_____ Other	_____ Under and Behind
_____ Perimeter	_____ Beddings		_____ Kitchen Equipment

**Method of Treatment: Numbers correspond to line numbers on reverse side**

_____ Spot Treatment	_____ ULV Machine	_____ Broadcast	_____ Fan Spray
_____ Space Spray	_____ C & C Aerosol	_____ Duster	_____ Air Sprayer
_____ Fumigation	_____ Granulate	_____ Rat Station	_____ Mouse Station
_____ Actisol Machine	_____ Drill & Treat Voids	_____ Slab Injector	_____ Total Release Aerosol
_____ Other		_____ Other	