

Service Slip / Invoice

Ace Pest Management
 900 Hope Road
 Tinton Falls, NJ 07712
 800-762-0301

ORDER: 12290
 WORK DATE: 04/13/06
 Thursday



Bill To: [100000]

Jane Smith
 Po Box 111
 Oakhurst, NJ 07755-0111

Work

Location: [100000] 732-517-0830
 Alt. Phone 732-555-6166
 Jane Smith
 1806 Route 35 South
 Oakhurst, NJ 07755-2700

Work Date	Time	Target Pest	Technician	Time In
04/13/06	11:30 AM	ANTS	03-OAK	Jeff Miller
Purchase Order	Terms	Last Service	Map Code	Time Out
None	NET 30	04/28/06	A3 B19	Lic.#: A158942

Route 35 North, right on Wyckoff, left on Country Club Road - white house, green shutters

Service	Description	Price
GPC	General Pest Control	\$125.00
Thank you for choosing Ace Pest Management.		
SUBTOTAL		\$125.00
TAX		\$7.50
TOTAL		\$132.50

Pesticide / Product

1
2
3
4

Location of Treatment: Numbers correspond to line numbers above

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Living Room	<input type="checkbox"/> Dining Room(s)	<input type="checkbox"/> Bed Room(s)
<input type="checkbox"/> Attic	<input type="checkbox"/> Shed(s)	<input type="checkbox"/> Garage(s)	<input type="checkbox"/> Crawlspace(s)
<input type="checkbox"/> Office(s)	<input type="checkbox"/> Lawn Area	<input type="checkbox"/> Dumpster Area	<input type="checkbox"/> Basement(s)
<input type="checkbox"/> Bar(s)	<input type="checkbox"/> Store Room	<input type="checkbox"/> Rodent Burrow	<input type="checkbox"/> Rodent Pathway
<input type="checkbox"/> Bathroom(s)	<input type="checkbox"/> Other	<input type="checkbox"/> Family Room/Den	<input type="checkbox"/> Laundry/Utility

Site of Treatment: Numbers correspond to line numbers above

<input type="checkbox"/> Baseboards	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Carpeting	<input type="checkbox"/> Furniture
<input type="checkbox"/> Sill Area	<input type="checkbox"/> Eaves	<input type="checkbox"/> Wall Voids	<input type="checkbox"/> Other
<input type="checkbox"/> Outside	<input type="checkbox"/> Outside	<input type="checkbox"/> Other	<input type="checkbox"/> Under and Behind
<input type="checkbox"/> Perimeter	<input type="checkbox"/> Beddings		<input type="checkbox"/> Kitchen Equipment

Method of Treatment: Numbers correspond to line numbers above

<input type="checkbox"/> Spot Treatment	<input type="checkbox"/> ULV Machine	<input type="checkbox"/> Broadcast	<input type="checkbox"/> Fan Spray
<input type="checkbox"/> Space Spray	<input type="checkbox"/> C & C Aerosol	<input type="checkbox"/> Duster	<input type="checkbox"/> Air Sprayer
<input type="checkbox"/> Fumigation	<input type="checkbox"/> Granulate	<input type="checkbox"/> Rat Station	<input type="checkbox"/> Mouse Station
<input type="checkbox"/> Actisol Machine	<input type="checkbox"/> Drill & Treat Voids	<input type="checkbox"/> Slab Injector	<input type="checkbox"/> Total Release Aerosol
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

*Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.
 Customer agrees to pay accrued expenses in the event of collection.

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

PLEASE PAY FROM THIS INVOICE

X

CUSTOMER SIGNATURE