

Rodent Control Services Billing

Customer Name:

Address:

Contact Number:

Date of Service:

Service Details

Description	Quantity	Unit Price	Total
Inspection and Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rodent Removal & Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Follow-up Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:

Tax (%):

Total Amount Due:

Payment Instructions:

Please make payment within 15 days to:
Rodent Control Services Inc.
Bank Account:

Thank you for your business!