

# 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!