

Service Slip / Invoice

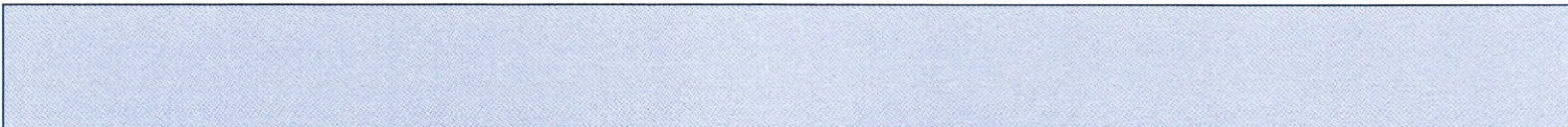
Ziggy's Termite & Pest Eliminators
 TPCL7829 ziggystermiteandpest.com
 122 Avenue E.
 Stafford, TX 77477
 281-499-1360

June 15, 2019 RE
ORDER: 12882
WORK DATE: 05/15/19
 Wednesday

Bill To: [100200]
 Carl Jeanpierre
 6618 Butler Oaks Ct
 Spring, TX 77389-2921

Work Location: [101325] 281-250-0042
 Carl Jeanpierre
 10217 Teneha Dr
 Houston, TX 77033-4195

Work Date	Time	Target Pest	Technician	Time In
05/15/19			Ronald Elder	
Purchase Order	Terms	Last Service	Map Code	Time Out
	NET 30			
			Lic.#: 24545	



INITIAL	Service	Description	Price
	Subterranean Termites		\$650.00
			SUBTOTAL \$650.00
			TAX \$53.63
			TOTAL \$703.63
			AMOUNT DUE \$703.63

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

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

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