PCCC 880-3
PRINTED IN U.S.A.

COMPANY NAME

COMPANY ADDRESS
CITY,STATE AND ZIP
PHONE AND FAX
ADVERTISING LINE

DATE	TIME IN _____ OUT _____	ACCOUNT NO.	ROUTE NO.
NAME		ACCOUNT TYPE ☐ REGULAR ☐ RESIDENTIAL ☐ INDOOR ☐ 1-TIME ☐ COMMERCIAL ☐ OUTDOOR	
ADDRESS			
CITY, STATE, ZIP		FREQUENCY ☐ ANNUALLY ☐ 6 MONTHS ☐ 3 MONTHS ☐ MONTHLY ☐ BI-MONTHLY ☐ WEEKLY	
PHONE			

☐ INSPECTION ☐ TREATMENT ☐ _____ ☐ _____

TARGET PEST(S)	SITE TREATED	APPLICATION METHOD	APPLICATION RATE

CHEMICALS USED	AMOUNT	%	EPA NUMBER

DESCRIPTION / REMARKS		AMOUNT
	SUB-TOTAL	
	TAX	
	TOTAL	
	ACCOUNT BALANCE	
	☐ CASH ☐ CHECK # _____ AMOUNT PAID	
SERVICED BY / LICENSE NO.		
CUSTOMER SIGNATURE	BALANCE DUE	

SERVICE ORDER / INVOICE

001001