

# PEST CONTROL WORK ORDER

## CONTRACTOR

COMPANY: \_\_\_\_\_  
 ATTN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

## CLIENT

COMPANY: \_\_\_\_\_  
 ATTN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

## PAYMENT

Down Payment: \$ \_\_\_\_\_  
 Payment is Due: \_\_\_\_\_  
 Total Amount: \$ \_\_\_\_\_  
 Payment is Due: \_\_\_\_\_

## SCHEDULE

Date: \_\_\_\_\_, 20\_\_\_\_  
 Work Order No.: \_\_\_\_\_  
 Start Time (if any): \_\_\_\_:\_\_\_\_  AM  PM  
 End Time (if any): \_\_\_\_:\_\_\_\_  AM  PM

SERVICE	HOURS	RATE (\$/HR)	AMOUNT (\$)
<b>TOTAL</b>			

PRODUCTS / CHEMICALS	QUANTITY	UNIT PRICE	AMOUNT (\$)
<b>SUBTOTAL</b>			

IN WITNESS WHEREOF, the Client agrees to pay the total amount when payment is due for the services requested and products / materials used. The Contractor agrees to provide the services in exchange for the total amount.

**CLIENT'S SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

**CONTRACTOR'S SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

<b>SUBTOTAL</b>	
<b>DISCOUNT</b>	
<b>TAX / VAT</b>	
<b>TOTAL</b>	

