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

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number

DATE	TIME	ACCOUNT NO.	ROUTE NO.
	IN _____ OUT _____		

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

ACCOUNT TYPE
☐ REGULAR ☐ RESIDENTIAL ☐ INDOOR
☐ 1-TIME ☐ COMMERCIAL ☐ OUTDOOR

FREQUENCY
☐ ANNUALLY ☐ 6 MONTHS ☐ 3 MONTHS
☐ MONTHLY ☐ BI-MONTHLY ☐ WEEKLY

☐ **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 AMOUNT PAID ☐ CHECK # _____	
	BALANCE DUE	

SERVICED BY | LICENSE NO.

CUSTOMER SIGNATURE

SERVICE ORDER / INVOICE

PC