



Premier Pest Elimination, LLC  
 PO Box 8  
 Prairie du Sac, WI 53578  
 866-500-7378

# Service Slip / Invoice

**INVOICE:** 367249  
**DATE:** 12/17/2025  
**ORDER:** 367249

**Bill To:** [104650]  
 Lorelee Mack \*ACH\*  
 E9425 State Road 60  
 Sauk City, WI 53583-9339

**Work Location:** [104650] 608-434-0783  
 Lorelee Mack \*ACH\*  
 E9425 State Road 60  
 Sauk City, WI 53583-9339

Work Date	Time	Target Pest	Technician	Time In
12/17/2025	07:00 AM		CM Carson Mack	07:00 AM
Purchase Order	Terms	Last Service	Map Code	Time Out
		12/17/2025		07:30 AM
			Lic:261758-CA	

Service	Description	Qty	Price
GPC	General pest control	1.00	\$300.00
			<b>SUBTOTAL</b> \$300.00
			<b>TAX</b> \$0.00
			<b>AMT. PAID</b> (\$150.00)
			<b>TOTAL</b> \$150.00
			<b>AMOUNT DUE</b> \$150.00

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount

**Location of Treatment: Numbers correspond to line numbers above**

_____ Kitchen	_____ Living Room	_____ Dining Room(s)	_____ Bed Room(s)
_____ Attic	_____ Shed(s)	_____ Garage(s)	_____ Crawlspace(s)
_____ Office(s)	_____ Lawn Area	_____ Dumpster Area	_____ Basement(s)
_____ Bar(s)	_____ Store Room	_____ Rodent Burrow	_____ Rodent Pathway
_____ Bathroom(s)	_____ Other	_____ Family Room / Den	_____ Laundry / Utility

**Site of Treatment: Numbers correspond to line numbers above**

_____ Baseboards	_____ Cabinets	_____ Carpeting	_____ Furniture
_____ Sill Area	_____ Eaves	_____ Wall Voids	_____ Other _____
_____ Outside Perimeter	_____ Outside Beddings	_____ Other _____	_____ Under and Behind Kitchen Equipment

**Method of Treatment: Numbers correspond to line numbers above**

_____ Spot Treatment	_____ ULV Machine	_____ Broadcast	_____ Fan Spray
_____ Space Spray	_____ C & C Aerosol	_____ Duster	_____ Air Sprayer
_____ Fumigation	_____ Granulate	_____ Rat Station	_____ Mouse Station
_____ Actisol Machine	_____ Drill & Treat Voids	_____ Slab Injector	_____ Total Release Aerosol
_____ Other _____		_____ Other _____	

\* Balances outstanding over 30 days from the date of service may be subject to a late fee of the lesser of 1.5% per month (18% per year) or the maximum allowed by law. Customer agrees to pay accrued expenses in the event of collection.

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

\_\_\_\_\_  
 TECHNICIAN SIGNATURE  
**PLEASE PAY FROM THIS INVOICE**

\_\_\_\_\_  
 CUSTOMER SIGNATURE