FLORIDA PEST CONTROL® Since 1949

Customer's Account Number _____ Date 11/7/20 F 153114

Name Exceptional Reality Address 179 Greenwood Terr

City Fort White State FL Zip _____ County Columbia Phone _____

Charge my:

☐ American Express Card ☐ VISA ☐ MasterCard ☐ DISCOVER

Cardholder: _____
(Please print name exactly as it appears on card)

Card #: _____

Expires: _____

Serviced by #	Technician Name	Cash	Check	Charge	On Acct.
8-424	Rob	☐	☐	☒	☐

Code	Description	Amount	
11	Pre Treat	395	39
	PAID #2076 Tax		
	Total	395	39

Thank You! Greenwood Ter

Customer Signature: _____

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