



Laughlin's Pest Control Company
1908 University Ave.
St. Paul, Minnesota 55104
(651) 646-6131

INVOICE

DATE 10-31-13	TIME IN _____ OUT _____	ACCOUNT NO.	ROUTE NO.
NAME Management Matrix		ACCOUNT TYPE	
ADDRESS 951 Desoria		<input type="checkbox"/> REGULAR	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDOOR
CITY STATE ZIP St Paul MN		<input type="checkbox"/> 1-TIME	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OUTDOOR
PHONE		FREQUENCY	
		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 3 MONTHS
		<input type="checkbox"/> MONTHLY	<input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> WEEKLY

INSPECTION TREATMENT _____ _____

TARGET PEST(S)	SITE TREATED	APPLICATION METHOD	APPLICATION RATE
Bed bugs	3, 4		
Beetles	1, 2, 5, 6		

CHEMICALS USED	AMOUNT	%	EPA NUMBER
Avenge Pro	1206	5	499294
A.D. Dust	802	25	499527
Phantom Pro	6802	5	7969285
A.D. Pro	606	5	499507

DESCRIPTION/REMARKS		
Treat on Pouches 1, 2, 5, 6		
Bed bugs A.D.T 3-4		
1955 University Ave		
55104		
	SUB-TOTAL	1550
	TAX	168 19
	TOTAL	1668 19
	ACCOUNT BALANCE	
	<input type="checkbox"/> CASH AMOUNT PAID	
	<input checked="" type="checkbox"/> CHECK #	1545 00
	BALANCE DUE	123 19

SERVED BY
Robert Jensen 20142560
CUSTOMER SIGNATURE
20139263

SERVICE ORDER/INVOICE N° 85667



NEW → Com 310 155 Schmd
 155 Robert
Laughlin's Pest Control Company
 1908 University Ave.
 St. Paul, Minnesota 55104
 (651) 646-6131

DATE 11-14-13	TIME IN _____ OUT 5:30	ACCOUNT NO.	ROUTE NO.
NAME MAYALEMA MATRY		ACCOUNT TYPE	
ADDRESS Dorset		<input type="checkbox"/> REGULAR	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDOOR
CITY, STATE, ZIP ST PAUL MN		<input type="checkbox"/> 1-TIME	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OUTDOOR
PHONE		FREQUENCY	
		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 3 MONTHS
		<input type="checkbox"/> MONTHLY	<input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> WEEKLY
<input type="checkbox"/> INSPECTION		<input type="checkbox"/> TREATMENT	
TARGET PEST(S)	SITE TREATED	APPLICATION METHOD	APPLICATION RATE
Bed Bedbugs	3.4	SPRAY	
CHEMICALS USED		AMOUNT	%
LITRACIDE		6.4oz	.1
			EPA NUMBER 499404
DESCRIPTION/REMARKS			
Treat for Bed Bedbugs			
SUB-TOTAL			95.00
TAX			10.00
TOTAL			105.00
ACCOUNT BALANCE			
<input type="checkbox"/> CASH AMOUNT PAID			105.00
<input type="checkbox"/> CHECK #			
BALANCE DUE			105.00
SERVICED BY Chedec	LICENSE NO 20142561		
CUSTOMER SIGNATURE Robert Lemisul	LICENSE NO 20139263		

SERVICE ORDER/INVOICE N° 86353



Laughlin's Pest Control Company
1908 University Ave.
St. Paul, Minnesota 55104
(651) 646-6131

Invoice

DATE 10-14-13	TIME 9:00	OUT	ACCOUNT NO.	ROUTE NO.
NAME MATRIX MANAGEMENT		ACCOUNT TYPE		
ADDRESS 953 Desha		<input type="checkbox"/> REGULAR	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> INDOOR
CITY-STATE (ZIP) ST PAUL MN		<input type="checkbox"/> 1-TIME	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> OUTDOOR
PHONE 651-487-2133		FREQUENCY		
		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 3 MONTHS
		<input type="checkbox"/> MONTHLY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> WEEKLY
<input type="checkbox"/> INSPECTION		<input type="checkbox"/> TREATMENT		<input type="checkbox"/>
TARGET PEST(S)	SITE TREATED	APPLICATION METHOD	APPLICATION RATE	
Roaches	APT #4	Borifen		
CHEMICALS USED		AMOUNT	%	EPA NUMBER
Avert Powder		606	5	499294
ALPine		606	5	499507
Phantom		126	125	241372
DESCRIPTION/REMARKS				
Treat APT 4 For Roaches				
1455 Main St Ste 200				
55104				
SUB-TOTAL				125 00
TAX				9 54
TOTAL				134 54
ACCOUNT BALANCE				
<input type="checkbox"/> CASH				AMOUNT PAID
<input type="checkbox"/> CHECK #				
BALANCE DUE				134 54
SERVED BY Robert Zernisch	LICENSE NO 20139263	CUSTOMER SIGNATURE		

SERVICE ORDER/INVOICE N° 85456



Laughlin's Pest Control Company
1908 University Ave.
St. Paul, Minnesota 55104
(651) 646-6131

DATE 12/16/13	TIME IN _____ OUT _____	ACCOUNT NO.	ROUTE NO.
NAME Management Mktg		ACCOUNT TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDOOR <input type="checkbox"/> 1-TIME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OUTDOOR	
ADDRESS 951 Decker St		FREQUENCY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> WEEKLY	
CITY, STATE, ZIP St Paul MN 55104		PHONE (651) 457-2133 / Abn Peterson	
<input type="checkbox"/> INSPECTION <input checked="" type="checkbox"/> TREATMENT <input type="checkbox"/>			
TARGET PEST(S) Mice	SITE TREATED	APPLICATION METHOD Bait	APPLICATION RATE
CHEMICALS USED		AMOUNT	%
Contract-Lg. Blax		3lbs	05 12455-80
Contract-Sm. Blax		1/52	05 12455-79
DESCRIPTION/REMARKS *bait attic *bait basement ceiling *had 2 BW bait stations in each unit (12 total) *had 3 brown bait stations around building		BILLING ADDRESS: 1955 University Ave S.W. 200 St Paul, MN 55104	
		SUB-TOTAL	
		TAX	
		TOTAL	
		ACCOUNT BALANCE	
SERVICED BY Ben Coates		<input type="checkbox"/> CASH AMOUNT PAID	
LICENSE NO. 200017		<input type="checkbox"/> CHECK # _____	
CUSTOMER SERVICE John LaBorde		BALANCE DUE To Be Billed	

SERVICE ORDER/INVOICE NO 88432

