

PC-881 WRAP AROUND BOOK SERVICE REPORT BOOK

PC 881S
 PRINTED IN U.S.A.

**IMPRINT
 HERE**

DATE	TIME	BY	OUT
<input type="checkbox"/> REG. <input type="checkbox"/> 1-TIME <input type="checkbox"/> RES. <input type="checkbox"/> COMM. <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR			
NAME _____			
ADDRESS _____			
CITY, STATE, ZIP _____		PHONE _____	
SERVICES PERFORMED	TARGET PEST(S)	APPLICATION METHOD	
<input type="checkbox"/> INSPECTION			
<input type="checkbox"/> TREATMENT			
<input type="checkbox"/>			
CHEMICALS USED	AMOUNT	%	EPA NUMBER
DESCRIPTION / REMARKS			AMOUNT
SERVICED BY UIC. NO.			TOTAL
CUSTOMER SIGNATURE			
SERVICE REPORT			001001

To order stock forms only (without your imprint) check this box and skip to ordering information. To order forms with your custom imprint, fill out copy requirements below.

Forms will start with #1001 unless you specify a specific # _____

TYPE IMPRINT COPY BELOW (Maximum (4) lines of copy)
 All imprints in **BLOCK** typestyle.

1. _____

2. _____

3. _____

4. _____

ADD A LOGO – If you would like to add a logo to the left of your name imprint, check **ONE** box below.

     **FOUR STAR SERVICE**

IMPRINT COLOR CHOICE (Choose One)

Red **Blue** **Green** **Black**

For monthly service calls and invoicing, order a **Wrap Around Book**.

- **Help your business run efficiently!**
- **Up to 4 lines of imprint copy typeset FREE!**
- **3-part form measures 3 2/3" x 6 1/4"**
- **Add a stock logo to your imprint FREE!**
- **Order stock form only or add your imprint!**
- **50 sets per book**

Sold in 10 book packs

Ordering Information				
Item	Imprint Color	Price Per Pack	# of Packs	Amount
Forms w/ Your Imprint		\$100.00		
Stock Forms Only		\$70.00		
Sub Total				
Ground Shipping and Handling				\$8.95
MI Residents add 6% Sales Tax				
TOTAL AMOUNT DUE				

Ship To: (We ship UPS, no Post Office Boxes please.)

Name _____

Company _____

Address _____

City _____

State _____ Zip _____ Phone () _____

E-Mail _____ Fax () _____

Please allow 2 weeks for delivery.

Method of Payment: (check appropriate box)

Enclosed is a Check or Money Order payable to: **PFC Products, Inc.**

Charge to my:    

Complete card number _____

Expiration date _____ Signature of Card Holder _____

Address of Card Holder _____