

LANDSCAPING SERVICES

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Billing Date: _____
Service Period: _____

CLIENT / BILL TO

[Property Management/Company]
[Attn: Name]
[Billing Address]
[City, State, Zip]

SERVICE LOCATION

[Site Name/Number]
[Property Address]
[City, State, Zip]

Description of Recurring Services	Frequency	Rate	Amount
Mowing, Edging, and String Trimming	Weekly	\$0.00	\$0.00
Debris Blowing and Hardscape Clearing	Weekly	\$0.00	\$0.00

Description of Recurring Services	Frequency	Rate	Amount
Turf Fertilization and Weed Control	Monthly	\$0.00	\$0.00
Shrub Pruning and Bed Maintenance	Monthly	\$0.00	\$0.00
Irrigation System Monitoring	Monthly	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

PAYMENT TERMS & NOTES

Net 30 days. Please make checks payable to [Company Name]. Auto-pay is enabled for this account. Thank you for your continued partnership.

Professional Commercial Grounds Management