

[BUSINESS NAME]

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

RECURRING INVOICE

Invoice #: _____
Date: _____
Customer ID: _____

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Phone/Email]

SERVICE LOCATION:

[Property Address or "Same as Billing"]

Billing Period: [Start Date] to [End Date]
Payment Frequency: [Monthly / Bi-Weekly / Quarterly]
Next Auto-Pay Date: [Date]

Service Description	Quantity	Rate	Amount
Standard Lawn Maintenance (Mowing, Edging, Blowing)		\$	\$

Service Description	Quantity	Rate	Amount
Recurring Weed Control & Fertilization Treatment		\$	\$
Shrub Trimming & Hedge Care		\$	\$
Irrigation System Inspection		\$	\$
Subtotal: \$ _____			
Tax: \$ _____			
Total Amount: \$ _____			

Notes: Recurring payments are processed automatically on the 1st of each month. Please contact us 10 days prior to your billing date for any service changes.

Thank you for keeping your landscape beautiful with [Business Name]!