

[LANDSCAPING COMPANY NAME]

[Address, Phone, Website]

INVOICE

ID: # _____

Date: _____

Cycle: [Monthly/Quarterly]

BILL TO

[Customer Name]

[Service Address]

[City, State, Zip]

[Phone/Email]

BILLING PERIOD

Start: _____

End: _____

Due Date: _____

| Service Description | Frequency | Rate | Amount |
|------------------------------------------------------|-----------|----------|----------|
| Recurring Lawn Maintenance (Mowing, Edging, Blowing) | _____ | \$ _____ | \$ _____ |
| Garden Bed Weeding & Pruning | _____ | \$ _____ | \$ _____ |
| Irrigation System Check & Adjustment | _____ | \$ _____ | \$ _____ |
| Additional Services / Seasonal Cleanup | _____ | \$ _____ | \$ _____ |

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Terms: Net [30] days. Automatic recurring billing available.

Note: Service covers scheduled visits for the specified period. Thank you for your continued business!