

# INVOICE

**[Business Name]**  
[Street Address]  
[City, State, Zip]  
[Phone Number]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Billing Month:** \_\_\_\_\_

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## Bill To:

[Client Name]  
[Service Address]  
[City, State, Zip]

## Payment Terms:

Due on Receipt / Net 15  
Please make checks payable to:  
[Business Name]

Service Date	Description of Services	Rate	Amount
	Monthly Lawn Maintenance (Mow, Trim, Edge, Blow)	\$	\$
	Fertilization / Weed Control Treatment	\$	\$
	Debris Removal / Pruning	\$	\$
	Additional Services: _____	\$	\$

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Due: \$** \_\_\_\_\_

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**Notes:** Thank you for choosing [Business Name] for your lawn care needs! Your next scheduled service visit is: \_\_\_\_\_