

# TREE CARE SPECIALISTS

**INVOICE**  
# [Invoice Number]  
Date: [Date]  
Due Date: [Due Date]

**Provider:**

[Company Name]  
[Street Address]  
[Phone / Email]

**Client:**

[Client Name]  
[Service Address]  
[Contact Info]

**Recurring Service Period:** [Start Date] to [End Date] | **Frequency:** [Monthly/Quarterly/Annual]

Service Description	Qty/Hours	Rate	Amount
Scheduled Tree Trimming & Pruning	-	\$0.00	\$0.00
Deep Root Fertilization Treatment	-	\$0.00	\$0.00
Pest & Disease Inspection	-	\$0.00	\$0.00
Debris Removal & Clean-up	-	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Total: \$0.00**

**Notes:** All recurring services are subject to weather conditions. Standard safety protocols applied.

**Payment Terms:** Please make checks payable to [Company Name] or pay online via [Link/Portal]. Thank you for your continued business.