

# ORGANIC FEED & BLOOM

[Business Address Line 1]  
[City, State, Zip]  
[Phone Number]

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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### BILL TO:

[Client Name]  
[Service Address]  
[Phone/Email]

### SERVICE DETAILS:

Property Size: \_\_\_\_\_  
Soil pH Level: \_\_\_\_\_

Service/Product Description	Quantity/Area	Unit Price	Total
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Organic Fertilizer Application (Type: \_\_\_\_\_)

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Soil Amendment & Conditioning

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Service/Product Description	Quantity/Area	Unit Price	Total
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Compost Tea Foliar Spray

Labor / Application Fee

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

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

**Amount Due: \$ \_\_\_\_\_**

**Payment Terms:** Due within [X] days. Please make checks payable to **[Business Name]**.

*Thank you for choosing sustainable land management.*