

ESTATE LANDSCAPING

[Business Address Lane]
[City, State, Zip]
[Phone Number]

RETAINER INVOICE

Invoice #: _____
Date: _____
Service Period: _____

CLIENT / ESTATE

[Client Name]
[Estate Name/Address]
[City, State, Zip]

PAYMENT TERMS

Retainer Due Date: _____
Method: [Check / Wire / ACH]

Description of Scheduled Services	Frequency	Monthly Rate
Monthly Grounds Maintenance Retainer (Lawn, Edging, Blowing)	Weekly	\$ 0.00
Horticultural Care (Pruning, Weeding, Fertilization)	Monthly	\$ 0.00

Description of Scheduled Services	Frequency	Monthly Rate
Irrigation System Monitoring & Adjustment	Monthly	\$ 0.00
Seasonal Enhancements / Specialty Plant Care	As Needed	\$ 0.00

Subtotal: \$ 0.00

Tax: \$ 0.00

Total Retainer Due: \$ 0.00

Note: This retainer covers scheduled maintenance as per the Estate Service Agreement. Additional emergency repairs or landscape design installations will be billed separately. Please make checks payable to Estate Landscaping.