

LAWN CARE SERVICES

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

RETAINER INVOICE

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Property Address]
[City, State, Zip]
[Phone Number]

SERVICE PERIOD

Start Date: [Date]
End Date: [Date]
Frequency: [Monthly/Quarterly]

Description of Retainer Services	Amount
Residential Lawn Maintenance Retainer Includes: Mowing, Edging, Blowing, and Basic Weed Control	\$0.00
Scheduled Seasonal Treatment Add-on Fertilization and Aeration coverage	\$0.00
Subtotal: \$0.00	
Tax: \$0.00	
Total Due: \$0.00	

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Business Name]. Retainer payment ensures priority scheduling for the specified period. Late fees may apply after the due date.