

RETAINER INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Bill To:

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

Service Period:
[Month/Year]

Property Reference:
[Property Name/ID]

Description of Retainer Services	Qty/Frequency	Amount
Standard Landscape Maintenance Retainer (Mowing, Edging, Blowing)	[X] / Month	\$0.00
Horticultural Care & Weed Control Program	Monthly	\$0.00
Irrigation System Monitoring	Monthly	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Monthly Retainer Total: \$0.00

Payment Terms: Net [30] days. Please make checks payable to **[Company Name]**.

Notes: This invoice represents the recurring monthly fee as per the Landscape Management Agreement. Additional "as-needed" services will be billed separately.