[Business Name]

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

INVOICE

[Invoice Number]
Date: [Date]

BILL TO:

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

SERVICE ADDRESS:

[Street Address]
[City, State, Zip]

Service Description	Date	Amount
Lawn Mowing & Edging	[Date]	$0.00
Trimming & Pruning	[Date]	$0.00
Fertilization/Weed Control	[Date]	$0.00
Debris Removal	[Date]	$0.00

Subtotal: $0.00
Tax: $0.00

Total: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Business Name].
Payment is due within [Number] days of invoice date.

Thank you for your business!