LANDSCAPING CO.

RECURRING INVOICE

[Invoice Number]

Service Provider:
[Business Name]
[Street Address]
[Phone / Email]

Bill To:
[Client Name]
[Service Address]
[Client Phone]

Billing Cycle: [Monthly/Weekly]
Invoice Date: [Date]
Due Date: [Date]

SERVICE DESCRIPTION	VISITS	RATE	TOTAL
Lawn Maintenance (Mowing, Edging, Blowing)	[Qty]	$[0.00]	$[0.00]
Garden Bed Weeding & Pruning	[Qty]	$[0.00]	$[0.00]
Irrigation System Inspection	[Qty]	$[0.00]	$[0.00]
Debris Removal & Disposal	[Qty]	$[0.00]	$[0.00]
		Subtotal	$[0.00]
		Tax	$[0.00]
		TOTAL DUE	**$[0.00]**

Payment Terms: Please pay by due date to ensure uninterrupted service.

Notes: [Space for specific seasonal notes or service adjustments]