LANDSCAPING SERVICES

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

INVOICE

Invoice #: [0000]
Date: [Date]
Frequency: Monthly Recurring

BILL TO

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

SERVICE PERIOD

Start Date: [MM/DD/YYYY]
End Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Description of Service	Qty/Visits	Rate	Amount
Mowing, Edging, and Blowing (Standard Maintenance)	[0]	$0.00	$0.00
Weed Control & Bed Maintenance	[0]	$0.00	$0.00

Description of Service	Qty/Visits	Rate	Amount
Shrub Trimming / Seasonal Pruning	[0]	$0.00	$0.00
Irrigation System Inspection	[1]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Notes: Services performed according to seasonal maintenance agreement. Thank you for your business!

Payment Terms: Net 15. Please make checks payable to [Company Name].