GARDEN CARE

Recurring Maintenance Invoice

Invoice #: [0000]

Date: [Month Day, Year]

PROVIDER

[Business Name]
[Address Line 1]
[Phone / Email]

CLIENT

[Client Name]
[Service Address]
[Account Number]

Service Description	Frequency	Rate	Amount
Lawn Mowing & Edging	[Weekly/Bi-Weekly]	$0.00	$0.00
Weeding & Bed Maintenance	[Monthly]	$0.00	$0.00
Hedge Trimming / Pruning	[Seasonal]	$0.00	$0.00

Service Description	Frequency	Rate	Amount
Green Waste Removal	[Per Visit]	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Billing Cycle: [Start Date] to [End Date]

Payment Terms: Due within [X] days via [Payment Method]

Thank you for keeping your landscape beautiful.