LANDSCAPE CO.

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

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Billing Cycle: [Monthly]

BILL TO

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

PAYMENT TERMS

Due Date: [Date]
Method: [Auto-Pay / Check / Online]

Service Description	Frequency	Rate	Amount
Standard Lawn Care (Mow, Edge, Blow)	Weekly	$0.00	$0.00
Shrub & Hedge Trimming	Monthly	$0.00	$0.00
Weed Control & Bed Maintenance	Monthly	$0.00	$0.00

Subtotal: $0.00
Sales Tax: $0.00
Total Due: $0.00

Notes: Recurring maintenance scheduled for [Day of Week]. Thank you for your business!