INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

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

SERVICE LOCATION

[Property Name/ID]
[Property Address]

Service Description	Date	Qty	Rate	Total
Scheduled Mowing, Edging & Blowing				
Bed Weeding & Shrub Pruning				

Service Description	Date	Qty	Rate	Total
Irrigation System Inspection/Repair				
Fertilization / Turf Treatment				
Debris Removal / Porter Service				

Subtotal: $0.00
Tax: $0.00

Balance Due: $0.00

Notes / Terms:
Please make checks payable to **[Company Name]**. Net [30] terms apply.
A late fee of [0.0%] will be applied to overdue balances.

Thank you for your business!