INVOICE

[Business Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[City, State, Zip]
[Phone/Email]

SERVICE PROPERTY:

[Address or Lot Number]
[Service Frequency]

Service Description (Fixed Rate Items)	Amount
Monthly Mowing, Edging, and Blowing	$ 0.00
Shrub and Hedge Trimming	$ 0.00
Weed Control and Bed Maintenance	$ 0.00
Debris Removal	$ 0.00

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

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to **[Business Name]**. Payment is due within [Number] days of invoice date.

Thank you for your business!