INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[Customer Phone]

SERVICE PROPERTY:

[Address or Lot Number]
[Service Frequency: Weekly/Bi-Weekly]

Service Date	Description of Services (Mowing, Edging, Trimming, Cleanup)	Rate	Amount
	Additional Services (Fertilizer, Mulch, etc.)		

Subtotal: $ _____
Tax: $ _____

Total Balance: $ _____

Notes / Payment Instructions:

Please make checks payable to: [Company Name]
Thank you for choosing us for your lawn care needs!