[BUSINESS NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Phone/Email]

SERVICE LOCATION:

[Property Address or "Same as Billing"]

Service Description	Qty/Hours	Rate	Amount
Mowing & Edging			
Trimming & Pruning			
Debris Removal/Blowing			

Service Description	Qty/Hours	Rate	Amount
Fertilization / Weed Control			
[Custom Service]			

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Payment Terms: Please make checks payable to **[Business Name]**. Payments are due within [X] days of invoice date.

Notes: Thank you for choosing us for your landscaping needs!