

[BUSINESS NAME]

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

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Contact Name]
[Company Name]
[Property Address]
[City, State, Zip]

SERVICE PROPERTY

[Property Name/ID]
[Service Address]
[City, State, Zip]

Service Description	Qty/Hrs	Rate	Amount
[Regular Maintenance - Mowing/Edging/Blowing]	-	-	\$0.00
[Irrigation System Inspection & Repair]	-	-	\$0.00

Service Description	Qty/Hrs	Rate	Amount
[Fertilization & Weed Control Treatment]	-	-	\$0.00
[Seasonal Planting/Mulching]	-	-	\$0.00

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

Payment Terms: [Net 30/Due on Receipt]

Notes: Please make checks payable to [Business Name]. Thank you for your continued partnership.