SERVICE INVOICE

[Your Business Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

RECURRING SERVICE

Invoice #: [00000]
Date: [Date]
Frequency: [Weekly/Bi-Weekly/Monthly]

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Client Email]

SERVICE PERIOD

Start Date: [Date]
End Date: [Date]
Due Date: [Date]

Description	Visit Date(s)	Rate	Amount
Standard Residential Cleaning	[Dates]	$0.00	$0.00
Add-on: [Laundry/Windows/Oven]	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment Notes: Please make checks payable to [Business Name]. For credit card payments, use the secure link provided in your email.

Terms: Payment is due within [Number] days of invoice date. Thank you for your continued trust in our services!