Lawn Care Form

Customer: _____ Account Number: _____
Address: _____ Phone Number: _____
Date: _____ Account Type: _____

Terms: _____

Job	√	Freq.	Time Spent	Description	Materials Used	Cost
Mowing						
Edging						
Fertilizing						
Weeding						
Pruning						
Trimming						
Watering						
Removal						
From:		A.M. to		P.M		
Equipment Rental:			Equipment Charge:		Subtotal:	
					Tax:	
Technician Signature:					**Total Cost:**	