



# LANDSCAPING INVOICE

**Bill From**

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, ST ZIP Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Bill To**

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, ST ZIP Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Invoice No. \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Description/Location	Service/Hours	Price (\$)	Total (\$)
<b>Subtotal</b>			
Sales Tax			
Other			
<b>Total</b>			

**Terms and Conditions**

Thank you for your business. Please send payment within \_\_\_\_\_ days of receiving this invoice. There will be a \_\_\_\_\_% per \_\_\_\_\_ on late invoices.

# Please Choose a Payment Type



## Credit Card

Visa     MasterCard     Discover     American Express

Cardholder Name \_\_\_\_\_  
Account/CC Number \_\_\_\_\_  
Expiration Date \_\_\_\_ / \_\_\_\_  
CVV \_\_\_\_  
Zip Code \_\_\_\_\_

I authorize the above named business/individual to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(cardholder name)



## Bank Wire

Name on Bank Account: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Type: \_\_\_\_\_



Email: \_\_\_\_\_

