

HOY

LANDSCAPING INC.

LANDSCAPE MAINTENANCE CONTRACT

7459 Franklin Forest Park, IL 60130
708.366.7339 Fax 708.209.2270
www.hoylandscaping.com

Send Bills to: _____ same

I can be reached:

Prepared exclusively for: _____

Home: _____

Work: _____

Cell: _____

Fax: _____

Email: _____

Property size: _____ sq. ft.

Qty.	Spring Work	
_____	Dethatching, overseeding & topdressing bare areas	\$ _____
_____	Cleanup of winter debris	\$ _____

	Lawn Maintenance	
_____	Weekly mowing of lawn; edge walks & drives; cleanup debris	\$ _____
_____	Bag & Haul away grass clippings	\$ _____

Fertilizers & Treatments
We are licensed by the State of Illinois and will use the appropriate chemical formulation applicable to your needs

_____	Fertilizer application:	\$ ____/app.
_____	Grub control treatment:	\$ ____/app.
_____	Liquid weed control:	\$ ____/app.
_____	Fungicide treatment:	\$ ____/app.
_____	Lawn aeration:	\$ ____/app.
_____	Shrubs & ornamentals fertilization:	\$ ____/app.
_____	Annuals/perennials fertilization:	\$ ____/app.
_____	Rose fertilization/dusting:	\$ ____/app.
_____	Dormant oil & insecticide sprays:	\$ ____/app.

Bedwork, Shrub Maintenance & Fall Work
Services will be billed at \$ _____ per man per hour.

Bedwork

We will manually remove weeds, cultivate soil & edge bed borders (circle one)

weekly bi-weekly monthly

Qty.	Shrub Maintenance
_____	Light sheering of shrubs & correct pruning of Ornamentals

Fall Work

_____ "Leaf Cleanup" (Oct.-early Nov.):
Clean leaves weekly from lawn areas only

_____ "Winterization" (mid-to late-Nov.):
Clean leaves from lawn and bed areas; remove spent flowers, cut back unsightly perennials; cover roses (on request only)

Other Work: _____

Billing Method:

_____ I will pay monthly on an "as performed" basis.
_____ I would like to pay "equal payments" per month.
Total Cost = \$ _____ in _____ monthly installations of \$ _____.

Payment Method:

_____ Cash or check. Bill me monthly. My deposit is: \$ _____ and will be applied to my final balance.
_____ Please use my credit card for monthly payments. I will receive a paid receipt each month and will not pay a deposit.
CREDIT CARD # _____ EXP. DATE: _____

The terms and conditions on the back of this form are understood to be an integral part of this contract.

I agree to the above terms: Date: _____ Signed: _____
Date: _____ Signed: _____