



Registration Form

Date: _____

Customer Information

Name: _____
Address: _____
Zip: _____
Phone: _____ Email: _____
Referred by: _____
Username: _____ Password: _____

Type of Service

☐ **LAWN SERVICES**

Date service to begin: _____

Frequency: ☐ Weekly ☐ Biweekly ☐ Other: _____

Weekly lawn care includes:

- Complete mowing
- Blowing clippings from sidewalks and landscaping
- Edging around trees, landscaping and fences

\$ _____ each Total \$ _____

LANDSCAPE SERVICES

- Sprinkler System Installation
- Moss Rock / Bull Rock / Flagstone
- Raised Vegetable Gardens
- Gutter Cleaning
- Drainage Systems
- Lawn Fertilization
- Flower Bed Fertilization
- Deer Repellent
- Pressure Washing
- Poop Scoop

- Trim Crepe Myrtles (February)
- Mulch
- Property Clean-Up
- Garbage and Debris Removal
- Tree trimming
- Shrub reshaping and pruning
- Feeding and fertilization
- Edge cutting
- Tree removal
- Weeding

Payment Information

Name(Card holder): _____
Card Number: _____
Valid: _____ CVV: _____ Zip code: _____
Monthly charge \$ _____

Restrictions apply. www.gardenbygraden.com

I accept