

AGENCY NAME

123 Data Drive
Analytics City, ST 12345

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]

BILL TO:

[Client Name]
[Contact Person]
[Street Address]
[City, State, Zip]

PROJECT:

List Segmentation &
Database Management

Description	Quantity/Hrs	Rate	Amount
Data Cleaning & Deduplication	[0.00]	[\$0.00]	[\$0.00]
Behavioral Segmentation Setup	[0.00]	[\$0.00]	[\$0.00]
Demographic Tagging & Mapping	[0.00]	[\$0.00]	[\$0.00]

Description	Quantity/Hrs	Rate	Amount
Monthly Database Maintenance	[0.00]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax (0%): \$[0.00]
Total Due: \$[0.00]

Notes: Please remit payment within 30 days. Make all checks payable to Agency Name.