

[FIRM NAME]

[Street Address]
[City, State, Zip]
[Email Address]

INVOICE NUMBER

#INV-[000]

DATE

[Month DD, YYYY]

CLIENT

[Client Contact Name]
[Company Name]
[Client Address]

PAYMENT TERMS

Net [30] Days
Due Date: [Month DD, YYYY]

DESCRIPTION	PERIOD	AMOUNT
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Monthly Copywriting Retainer [List primary deliverables or hours included]	[Month, Year]	\$0.00
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Overage / Additional Assets [Itemized list of work outside retainer scope]	-	\$0.00
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Subtotal: \$0.00

Tax: \$0.00

Total Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Firm Name]** or pay via Bank Transfer: [Account Details].

Thank you for your partnership.