

[AGENCY NAME]

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

INVOICE

[Invoice Number]
Date: [Date]
Due Date: [Date]

BILL TO:

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

RETAINER PERIOD:

[Month, Year]
Service Agreement: [Ref ID]

Description of Services	Qty/Hours	Rate	Amount
Monthly Content Retainer Includes blog posts, newsletter, and social copy	1	\$0.00	\$0.00
Ad-hoc Strategy Session	0	\$0.00	\$0.00
Overage / Additional Assets	0	\$0.00	\$0.00

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

PAYMENT INSTRUCTIONS

Please make checks payable to **[Agency Name]** or pay via Bank Transfer: **[Account Info]**. Late payments are subject to a **[X]%** monthly fee.

Thank you for your continued partnership.