

AGENCY LOGO

INVOICE

INV-001

Date: [Date]

FROM

[Your Agency Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

[Partner/Client Name]

[Company Name]

[Street Address]

[City, State, Zip]

Description	Qty/Hours	Rate	Amount
Monthly Copywriting Retainer Service Period: [Month, Year]	1	\$0.00	\$0.00
Overage: [Task Name] Additional deliverables outside retainer scope	0	\$0.00	\$0.00

Subtotal \$0.00

Tax (0%) \$0.00

Total Due \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please include invoice number with payment. All white-label content rights transfer upon settlement. Net [15/30] terms apply.