INVOICE

[Studio Name / Photographer Name]

No: ___________
Date: ___________

CLIENT / VEHICLE OWNER

[Name]
[Address]
[Phone/Email]

VEHICLE DETAILS

Year/Make/Model: ______________________
Location: ______________________________

DESCRIPTION OF SERVICES	QTY/HOURS	RATE	AMOUNT
Session Fee (Static & Exterior)			
Rolling Shots / Action Sequence			
Post-Production & Retouching			
Licensing / Commercial Usage			

Subtotal: $0.00
Tax: $0.00
Total: $0.00

PAYMENT INSTRUCTIONS

Please include invoice number with payment. Payment due within [X] days.

NOTES

Images will be delivered via digital gallery upon receipt of final payment.