

[Your Name/Agency Name]
[Street Address]
[City, State, Zip]
[Email Address]

INVOICE

[Invoice Number]
Date: [Date]

Bill To:

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

Payment Terms:

Retainer Period: [Start Date] - [End Date]
Due Date: [Date]

Description	Quantity/Hours	Rate	Amount
Monthly Copywriting Retainer Fee - [Tier/Package Name]	1	\$0.00	\$0.00
[Additional Service/Overage Fee]	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

Payment Instructions:

[Bank Name / PayPal / Transfer Details]

Notes:

Thank you for your continued partnership. This retainer secures copywriting services for the upcoming month.