[Business Name]

[Address or Area Covered]
[Phone Number]
[Email/Website]

INVOICE

[0000]
Date: [DD/MM/YYYY]

CLIENT INFORMATION

[Client Name]
[Service Location Address]
[Client Phone]

PAYMENT TERMS

Due Date: [DD/MM/YYYY]
Method: [Cash/Card/Transfer]

Service Description	Duration	Price
[Treatment Name - e.g., Signature Facial]	[60 min]	[0.00]
[Treatment Name - e.g., Gel Manicure]	[45 min]	[0.00]
Travel Fee / Mobile Surcharge	-	[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total: $[0.00]

Payment Instructions: [Bank Name] | Acc: [Number] | Sort Code: [Code]

Thank you for choosing [Business Name] for your beauty needs!