[AGENCY NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Project ID: [Project Name/Ref]

CLIENT / BILL TO:

[Client Contact Name]
[Client Company Name]
[Address Line 1]
[City, State, Zip]

SERVICE AGREEMENT REF:

Agreement Date: [Date]
Contract Term: [Start - End Date]
Payment Terms: [Net 30/On Receipt]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
[Service Name: e.g. Brand Strategy Phase]	[0.00]	$[0.00]	$[0.00]
[Service Name: e.g. Visual Identity Design]	[0.00]	$[0.00]	$[0.00]
[Service Name: e.g. Asset Delivery & Licensing]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax ([0]%): $[0.00]
TOTAL DUE: $[0.00]

PAYMENT INFORMATION

Bank: [Bank Name] | Account Name: [Name] | Account #: [00000000] | Routing: [00000000]
Please reference invoice number on all payments.

Thank you for your partnership.