INVOICE

Consultant Name/Agency
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Client Name
Company Name
Address Line 1
City, State, Zip

RETAINER PERIOD

Start Date: _____
End Date: _____

Description	Rate/Monthly	Amount
Marketing Consulting Retainer - Fixed Monthly Fee	$0.00	$0.00
Additional Ad Management / Overage Hours	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consultant Name]** or pay via wire transfer to Account #_____. Thank you for your business.