RETAINER INVOICE

Invoice #: [0000]
Date: [Month Day, Year]

[Marketing Agency Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO

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

RETAINER PERIOD

[Start Date] to [End Date]
Due Date: [Date]

Description of Marketing Services	Qty/Hours	Rate	Amount
Monthly Marketing Retainer Fee - [Tier Name]	1	$0.00	$0.00
Additional Project Allocation: [Project Name]	0	$0.00	$0.00
Third-Party Ad Spend Management Fee	-	-	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Balance Due $0.00

Payment Instructions:
Please make checks payable to [Agency Name] or pay via wire transfer to: [Bank Details].

Terms:
Retainer fees are billed in advance of the service month. Late payments may result in a temporary suspension of marketing activities.