INVOICE

[Your Business Name]
[Address Line 1]
[Email / Phone]

INVOICE NUMBER
#001

DATE ISSUED
[Month DD, YYYY]

BILL TO
[Client Name]
[Client Address]
[Client Email]

PAYMENT TERMS
Retainer - Net [30] Days
Billing Period: [Start Date] - [End Date]

Description	Rate	Hours/Qty	Amount
Business Support Retainer - [Plan Name]	$0.00	1	$0.00
Additional Overage Hours (if applicable)	$0.00	0	$0.00

Subtotal $0.00
Tax (0%) $0.00
TOTAL DUE $0.00

NOTES

Please include invoice number with your payment. Thank you for your continued partnership.

PAYMENT INFORMATION

Bank: [Bank Name]
Account: [Number]
Routing: [Number]