

INVOICE

[Your Name / Business Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [0001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Customer Name]
[Customer Address]
[Customer City, State, Zip]
[Customer Phone]

CONSULTANT INFO:

Consultant ID: [ID Number]
Company: [Direct Sales Parent Co.]
Party/Event ID: [Optional]

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$0.00
Shipping: \$0.00
Tax: \$0.00
Total Amount: \$0.00

NOTES / PAYMENT INSTRUCTIONS:

[e.g., Payable via Venmo, PayPal, or Check. Thank you for your business!]