

**[STUDIO NAME]**  
PILATES & MOVEMENT

**INVOICE**  
# [Invoice Number]  
Date: [Date]  
Billing Period: [Start] - [End]

**From:**  
[Studio Address]  
[City, State, Zip]  
[Email/Phone]

**Bill To:**  
[Client Name]  
[Client Address]  
[Client Email]

| DESCRIPTION                                  | FREQUENCY | RATE   | AMOUNT |
|--|-----------|--------|--------|
| Recurring Pilates Membership (Level: [Type]) | Monthly   | \$0.00 | \$0.00 |
| [Additional Class/Equipment Fee]             | -         | \$0.00 | \$0.00 |
| Subtotal \$0.00                              |           |        |        |
| Tax \$0.00                                   |           |        |        |
| Total \$0.00                                 |           |        |        |

Payment due within [Number] days. Thank you for practicing with us.

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