[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

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

BILL TO

[Client Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: [Date]
Method: [Wire/ACH/Check]
Status: Monthly Retainer

Description of Services	Units/Hours	Rate	Total
Monthly Agency Retainer Fee - [Service Category]	1	$0.00	$0.00
Ad Spend Management (Performance Fee)	[0]%	$0.00	$0.00
Additional Creative Production (Out-of-Scope)	[0]	$0.00	$0.00

Subtotal: $0.00
Tax/VAT: $0.00

Total Amount Due: $0.00

Notes: Retainer covers all agreed-upon deliverables in Section [X] of the Master Service Agreement. Late payments are subject to a [0]% monthly fee.

Thank you for your business.