RETAINER INVOICE

Invoice #: _____
Date: _____

FROM:

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

BILL TO:

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

DESCRIPTION	PERIOD	AMOUNT
Professional Services Retainer - [Service Type]	[Start Date] - [End Date]	$0.00
Additional Fixed Monthly Fees	[Month]	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Terms: Due within [X] days. Please make checks payable to [Agency Name].
Bank Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]