AGENCY NAME

INVOICE NUMBER

#INV-0000

DATE ISSUED

January 1, 202X

FROM **Agency Studio Inc.**
123 Creative Ave
Design District, NY 10001
hello@agency.com

BILL TO **Client Company Name**
456 Corporate Blvd
Suite 200
billing@client.com

DESCRIPTION	PERIOD	AMOUNT
Monthly Creative Retainer Design, Copywriting, & Social Strategy (40hrs/mo)	Oct 202X	$0,000.00
Additional Production Hours Overage beyond retainer scope (5 hrs)	-	$000.00

Subtotal $0,000.00
Tax (0%) $0.00
Total Amount $0,000.00

PAYMENT TERMS

Net 15. Please make checks payable to "Agency Studio Inc." or use the wire transfer details provided in the service agreement.